



Rep. Kelly M. Cassidy

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10200SB3799ham001

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1 AMENDMENT TO SENATE BILL 3799

2 AMENDMENT NO. _____. Amend Senate Bill 3799 by replacing
3 everything after the enacting clause with the following:

4 "Article 1

5 Section 1-1. Short title; references to Act.

6 (a) This Article may be cited as the Public Higher
7 Education Emergency Health Act. References in this Article to
8 "this Act" mean this Article.

9 (b) This Act, including the new and amendatory provisions,
10 may be referred to as the Patient and Provider Protection Act.

11 Section 1-3. Intent. It is the intent of the General
12 Assembly that the requirements set forth in this Act should
13 apply equally to each public institution of higher education
14 in this State and to the governing board of each public
15 institution of higher education in this State.

1 Section 1-5. Definitions. As used in this Act:

2 "Emergency contraception" means medication approved by the
3 federal Food and Drug Administration that can significantly
4 reduce the risk of pregnancy if taken within 72 hours after
5 unprotected sexual intercourse.

6 "Governing board of each public institution of higher
7 education" means the Board of Trustees of the University of
8 Illinois, the Board of Trustees of Southern Illinois
9 University, the Board of Trustees of Chicago State University,
10 the Board of Trustees of Eastern Illinois University, the
11 Board of Trustees of Governors State University, the Board of
12 Trustees of Illinois State University, the Board of Trustees
13 of Northeastern Illinois University, the Board of Trustees of
14 Northern Illinois University, the Board of Trustees of Western
15 Illinois University, and the board of trustees of each
16 community college district in this State.

17 "Public institution of higher education" means the
18 University of Illinois, Southern Illinois University, Chicago
19 State University, Eastern Illinois University, Governors State
20 University, Illinois State University, Northeastern Illinois
21 University, Northern Illinois University, Western Illinois
22 University, a public community college in this State, or any
23 other public university, college, or community college now or
24 hereafter established or authorized by the General Assembly.

1 Section 1-10. Emergency contraception availability on
2 campus.

3 (a) The governing board of each public institution of
4 higher education shall make emergency contraception available
5 for purchase through at least one vending machine located on
6 each campus under its jurisdiction.

7 (b) A public institution of higher education shall ensure
8 that the emergency contraception made available through each
9 vending machine satisfies, at a minimum, all of the following
10 requirements:

11 (1) The emergency contraception must be sold only in
12 the manufacturer's clearly labeled, original, unbroken,
13 tamper-proof, and expiration-dated packaging.

14 (2) The emergency contraception may not be dispensed
15 after the manufacturer's expiration date.

16 (3) The emergency contraception must be stored in
17 accordance with manufacturer recommendations.

18 (4) The emergency contraception must be made available
19 at a reduced price, which may not exceed \$40.

20 (c) A public institution of higher education shall ensure
21 that each vending machine has, at a minimum:

22 (1) an obvious and legible statement on the machine
23 that identifies the owner of the machine;

24 (2) a toll-free telephone number at which the consumer
25 may contact the owner of the machine; and

26 (3) a statement advising the consumer to check the

1 expiration date of the product before using the product.

2 Article 2

3 Section 2-5. The State Employees Group Insurance Act of
4 1971 is amended by changing Section 6.11 as follows:

5 (5 ILCS 375/6.11)

6 (Text of Section before amendment by P.A. 102-768)

7 Sec. 6.11. Required health benefits; Illinois Insurance
8 Code requirements. The program of health benefits shall
9 provide the post-mastectomy care benefits required to be
10 covered by a policy of accident and health insurance under
11 Section 356t of the Illinois Insurance Code. The program of
12 health benefits shall provide the coverage required under
13 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,
14 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,
15 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
16 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
17 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, ~~and~~
18 356z.51, ~~and~~ 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, and
19 356z.60 of the Illinois Insurance Code. The program of health
20 benefits must comply with Sections 155.22a, 155.37, 355b,
21 356z.19, 370c, and 370c.1 and Article XXXIIB of the Illinois
22 Insurance Code. The Department of Insurance shall enforce the
23 requirements of this Section with respect to Sections 370c and

1 370c.1 of the Illinois Insurance Code; all other requirements
2 of this Section shall be enforced by the Department of Central
3 Management Services.

4 Rulemaking authority to implement Public Act 95-1045, if
5 any, is conditioned on the rules being adopted in accordance
6 with all provisions of the Illinois Administrative Procedure
7 Act and all rules and procedures of the Joint Committee on
8 Administrative Rules; any purported rule not so adopted, for
9 whatever reason, is unauthorized.

10 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
11 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
12 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,
13 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
14 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
15 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
16 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
17 revised 12-13-22.)

18 (Text of Section after amendment by P.A. 102-768)

19 Sec. 6.11. Required health benefits; Illinois Insurance
20 Code requirements. The program of health benefits shall
21 provide the post-mastectomy care benefits required to be
22 covered by a policy of accident and health insurance under
23 Section 356t of the Illinois Insurance Code. The program of
24 health benefits shall provide the coverage required under
25 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,

1 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,
2 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
3 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
4 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, ~~and~~
5 356z.51, ~~and~~ 356z.53, 356z.54, 356z.55, 356z.56, 356z.57,
6 356z.59, and 356z.60 of the Illinois Insurance Code. The
7 program of health benefits must comply with Sections 155.22a,
8 155.37, 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of
9 the Illinois Insurance Code. The Department of Insurance shall
10 enforce the requirements of this Section with respect to
11 Sections 370c and 370c.1 of the Illinois Insurance Code; all
12 other requirements of this Section shall be enforced by the
13 Department of Central Management Services.

14 Rulemaking authority to implement Public Act 95-1045, if
15 any, is conditioned on the rules being adopted in accordance
16 with all provisions of the Illinois Administrative Procedure
17 Act and all rules and procedures of the Joint Committee on
18 Administrative Rules; any purported rule not so adopted, for
19 whatever reason, is unauthorized.

20 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
21 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
22 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,
23 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
24 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
25 1-1-23; 102-768, eff. 1-1-24; 102-804, eff. 1-1-23; 102-813,
26 eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff. 1-1-23;

1 102-1093, eff. 1-1-23; revised 12-13-22.)

2 Section 2-10. The Counties Code is amended by changing
3 Section 5-1069.3 as follows:

4 (55 ILCS 5/5-1069.3)

5 Sec. 5-1069.3. Required health benefits. If a county,
6 including a home rule county, is a self-insurer for purposes
7 of providing health insurance coverage for its employees, the
8 coverage shall include coverage for the post-mastectomy care
9 benefits required to be covered by a policy of accident and
10 health insurance under Section 356t and the coverage required
11 under Sections 356g, 356g.5, 356g.5-1, 356q, 356u, 356w, 356x,
12 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
13 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,
14 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,
15 356z.45, 356z.46, 356z.47, 356z.48, ~~and 356z.51, and 356z.53,~~
16 356z.54, 356z.56, 356z.57, 356z.59, and 356z.60 of the
17 Illinois Insurance Code. The coverage shall comply with
18 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois
19 Insurance Code. The Department of Insurance shall enforce the
20 requirements of this Section. The requirement that health
21 benefits be covered as provided in this Section is an
22 exclusive power and function of the State and is a denial and
23 limitation under Article VII, Section 6, subsection (h) of the
24 Illinois Constitution. A home rule county to which this

1 Section applies must comply with every provision of this
2 Section.

3 Rulemaking authority to implement Public Act 95-1045, if
4 any, is conditioned on the rules being adopted in accordance
5 with all provisions of the Illinois Administrative Procedure
6 Act and all rules and procedures of the Joint Committee on
7 Administrative Rules; any purported rule not so adopted, for
8 whatever reason, is unauthorized.

9 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
10 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
11 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
12 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;
13 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
14 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
15 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
16 revised 12-13-22.)

17 Section 2-15. The Illinois Municipal Code is amended by
18 changing Section 10-4-2.3 as follows:

19 (65 ILCS 5/10-4-2.3)

20 Sec. 10-4-2.3. Required health benefits. If a
21 municipality, including a home rule municipality, is a
22 self-insurer for purposes of providing health insurance
23 coverage for its employees, the coverage shall include
24 coverage for the post-mastectomy care benefits required to be

1 covered by a policy of accident and health insurance under
2 Section 356t and the coverage required under Sections 356g,
3 356g.5, 356g.5-1, 356q, 356u, 356w, 356x, 356z.6, 356z.8,
4 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,
5 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32,
6 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,
7 356z.48, ~~and~~ 356z.51, ~~and~~ 356z.53, 356z.54, 356z.56, 356z.57,
8 356z.59, and 356z.60 of the Illinois Insurance Code. The
9 coverage shall comply with Sections 155.22a, 355b, 356z.19,
10 and 370c of the Illinois Insurance Code. The Department of
11 Insurance shall enforce the requirements of this Section. The
12 requirement that health benefits be covered as provided in
13 this is an exclusive power and function of the State and is a
14 denial and limitation under Article VII, Section 6, subsection
15 (h) of the Illinois Constitution. A home rule municipality to
16 which this Section applies must comply with every provision of
17 this Section.

18 Rulemaking authority to implement Public Act 95-1045, if
19 any, is conditioned on the rules being adopted in accordance
20 with all provisions of the Illinois Administrative Procedure
21 Act and all rules and procedures of the Joint Committee on
22 Administrative Rules; any purported rule not so adopted, for
23 whatever reason, is unauthorized.

24 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
25 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
26 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,

1 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;
2 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
3 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
4 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
5 revised 12-13-22.)

6 Section 2-20. The School Code is amended by changing
7 Section 10-22.3f as follows:

8 (105 ILCS 5/10-22.3f)

9 Sec. 10-22.3f. Required health benefits. Insurance
10 protection and benefits for employees shall provide the
11 post-mastectomy care benefits required to be covered by a
12 policy of accident and health insurance under Section 356t and
13 the coverage required under Sections 356g, 356g.5, 356g.5-1,
14 356q, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.11,
15 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26,
16 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40,
17 356z.41, 356z.45, 356z.46, 356z.47, ~~and 356z.51, and 356z.53,~~
18 356z.54, 356z.56, 356z.57, 356z.59, and 356z.60 of the
19 Illinois Insurance Code. Insurance policies shall comply with
20 Section 356z.19 of the Illinois Insurance Code. The coverage
21 shall comply with Sections 155.22a, 355b, and 370c of the
22 Illinois Insurance Code. The Department of Insurance shall
23 enforce the requirements of this Section.

24 Rulemaking authority to implement Public Act 95-1045, if

1 any, is conditioned on the rules being adopted in accordance
2 with all provisions of the Illinois Administrative Procedure
3 Act and all rules and procedures of the Joint Committee on
4 Administrative Rules; any purported rule not so adopted, for
5 whatever reason, is unauthorized.

6 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
7 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
8 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
9 eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff. 1-1-22;
10 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804, eff.
11 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,
12 eff. 1-1-23; 102-1093, eff. 1-1-23; revised 12-13-22.)

13 Section 2-25. The Illinois Insurance Code is amended by
14 changing Section 356z.4a and by adding Section 356z.60 as
15 follows:

16 (215 ILCS 5/356z.4a)

17 Sec. 356z.4a. Coverage for abortion.

18 (a) Except as otherwise provided in this Section, no
19 individual or group policy of accident and health insurance
20 that provides pregnancy-related benefits may be issued,
21 amended, delivered, or renewed in this State after the
22 effective date of this amendatory Act of the 101st General
23 Assembly unless the policy provides a covered person with
24 coverage for abortion care. Regardless of whether the policy

1 otherwise provides prescription drug benefits, abortion care
2 coverage must include medications that are obtained through a
3 prescription and used to terminate a pregnancy, regardless of
4 whether there is proof of pregnancy.

5 (b) Coverage for abortion care may not impose any
6 deductible, coinsurance, waiting period, or other cost-sharing
7 limitation that is greater than that required for other
8 pregnancy-related benefits covered by the policy.

9 (c) Except as otherwise authorized under this Section, a
10 policy shall not impose any restrictions or delays on the
11 coverage required under this Section.

12 (d) This Section does not, pursuant to 42 U.S.C.
13 18054(a)(6), apply to a multistate plan that does not provide
14 coverage for abortion.

15 (e) If the Department concludes that enforcement of this
16 Section may adversely affect the allocation of federal funds
17 to this State, the Department may grant an exemption to the
18 requirements, but only to the minimum extent necessary to
19 ensure the continued receipt of federal funds.

20 (Source: P.A. 101-13, eff. 6-12-19.)

21 (215 ILCS 5/356z.60 new)

22 Sec. 356z.60. Coverage for abortifacients,
23 gender-affirming health care medications, and human
24 immunodeficiency virus pre-exposure prophylaxis and
25 post-exposure prophylaxis.

1 (a) As used in this Section:

2 "Abortifacients" means any medication administered to
3 terminate a pregnancy by a health care professional.

4 "Gender-affirming health care medication" means any
5 medication administered to treat gender dysphoria, including
6 hormonal treatment.

7 "Health care professional" means a physician licensed to
8 practice medicine in all of its branches, licensed advanced
9 practice registered nurse, or physician assistant.

10 "Therapeutic equivalent version" means drugs, devices, or
11 products that can be expected to have the same clinical effect
12 and safety profile when administered to patients under the
13 conditions specified in the labeling and that satisfy the
14 following general criteria:

15 (1) it is approved as safe and effective;

16 (2) it is a pharmaceutical equivalent in that it:

17 (A) contains identical amounts of the same active
18 drug ingredient in the same dosage form and route of
19 administration; and

20 (B) meets compendial or other applicable standards
21 of strength, quality, purity, and identity;

22 (3) it is bioequivalent in that:

23 (A) it does not present a known or potential
24 bioequivalence problem and it meets an acceptable in
25 vitro standard; or

26 (B) if it does present such a known or potential

1 problem, it is shown to meet an appropriate
2 bioequivalence standard;

3 (4) it is adequately labeled; and

4 (5) it is manufactured in compliance with Current Good
5 Manufacturing Practice regulations adopted by the United
6 States Food and Drug Administration.

7 (b) An individual or group policy of accident and health
8 insurance amended, delivered, issued, or renewed in this State
9 after the effective date of this amendatory Act of the 102nd
10 General Assembly shall provide coverage for all
11 abortifacients, gender-affirming health care medication, human
12 immunodeficiency virus pre-exposure prophylaxis and
13 post-exposure prophylaxis drugs approved by the United States
14 Food and Drug Administration, and follow-up services related
15 to that coverage, including, but not limited to, management of
16 side effects, medication self-management or adherence
17 counseling, risk reduction strategies, and mental health
18 counseling.

19 (c) The coverage required under subsection (b) is subject
20 to the following conditions:

21 (1) If the United States Food and Drug Administration
22 has approved one or more therapeutic equivalent versions
23 of an abortifacient drug, a policy is not required to
24 include all such therapeutic equivalent versions in its
25 formulary so long as at least one is included and covered
26 without cost sharing and in accordance with this Section.

1 (2) If an individual's attending provider recommends a
2 particular drug approved by the United States Food and
3 Drug Administration based on a determination of medical
4 necessity with respect to that individual, the plan or
5 issuer must defer to the determination of the attending
6 provider and must cover that service or item without cost
7 sharing.

8 (3) If a drug is not covered, plans and issuers must
9 have an easily accessible, transparent, and sufficiently
10 expedient process that is not unduly burdensome on the
11 individual or a provider or other individual acting as a
12 patient's authorized representative to ensure coverage
13 without cost sharing.

14 (d) Except as otherwise provided in this Section, a policy
15 subject to this Section shall not impose a deductible,
16 coinsurance, copayment, or any other cost-sharing requirement
17 on the coverage provided. The provisions of this subsection do
18 not apply to coverage of procedures to the extent such
19 coverage would disqualify a high-deductible health plan from
20 eligibility for a health savings account pursuant to the
21 federal Internal Revenue Code, 26 U.S.C. 223.

22 (e) Except as otherwise authorized under this Section, a
23 policy shall not impose any restrictions or delays on the
24 coverage required under this Section.

25 Section 2-30. The Health Maintenance Organization Act is

1 amended by changing Section 5-3 as follows:

2 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

3 Sec. 5-3. Insurance Code provisions.

4 (a) Health Maintenance Organizations shall be subject to
5 the provisions of Sections 133, 134, 136, 137, 139, 140,
6 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
7 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2,
8 355.3, 355b, 355c, 356g.5-1, 356m, 356q, 356v, 356w, 356x,
9 356y, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6,
10 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,
11 356z.15, 356z.17, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,
12 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33,
13 356z.35, 356z.36, 356z.40, 356z.41, 356z.46, 356z.47, 356z.48,
14 356z.50, 356z.51, 256z.53, 356z.54, 356z.56, 356z.57, 356z.59,
15 356z.60, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b,
16 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,
17 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of
18 subsection (2) of Section 367, and Articles IIA, VIII 1/2,
19 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the
20 Illinois Insurance Code.

21 (b) For purposes of the Illinois Insurance Code, except
22 for Sections 444 and 444.1 and Articles XIII and XIII 1/2,
23 Health Maintenance Organizations in the following categories
24 are deemed to be "domestic companies":

25 (1) a corporation authorized under the Dental Service

1 Plan Act or the Voluntary Health Services Plans Act;

2 (2) a corporation organized under the laws of this
3 State; or

4 (3) a corporation organized under the laws of another
5 state, 30% or more of the enrollees of which are residents
6 of this State, except a corporation subject to
7 substantially the same requirements in its state of
8 organization as is a "domestic company" under Article VIII
9 1/2 of the Illinois Insurance Code.

10 (c) In considering the merger, consolidation, or other
11 acquisition of control of a Health Maintenance Organization
12 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

13 (1) the Director shall give primary consideration to
14 the continuation of benefits to enrollees and the
15 financial conditions of the acquired Health Maintenance
16 Organization after the merger, consolidation, or other
17 acquisition of control takes effect;

18 (2) (i) the criteria specified in subsection (1) (b) of
19 Section 131.8 of the Illinois Insurance Code shall not
20 apply and (ii) the Director, in making his determination
21 with respect to the merger, consolidation, or other
22 acquisition of control, need not take into account the
23 effect on competition of the merger, consolidation, or
24 other acquisition of control;

25 (3) the Director shall have the power to require the
26 following information:

1 (A) certification by an independent actuary of the
2 adequacy of the reserves of the Health Maintenance
3 Organization sought to be acquired;

4 (B) pro forma financial statements reflecting the
5 combined balance sheets of the acquiring company and
6 the Health Maintenance Organization sought to be
7 acquired as of the end of the preceding year and as of
8 a date 90 days prior to the acquisition, as well as pro
9 forma financial statements reflecting projected
10 combined operation for a period of 2 years;

11 (C) a pro forma business plan detailing an
12 acquiring party's plans with respect to the operation
13 of the Health Maintenance Organization sought to be
14 acquired for a period of not less than 3 years; and

15 (D) such other information as the Director shall
16 require.

17 (d) The provisions of Article VIII 1/2 of the Illinois
18 Insurance Code and this Section 5-3 shall apply to the sale by
19 any health maintenance organization of greater than 10% of its
20 enrollee population (including without limitation the health
21 maintenance organization's right, title, and interest in and
22 to its health care certificates).

23 (e) In considering any management contract or service
24 agreement subject to Section 141.1 of the Illinois Insurance
25 Code, the Director (i) shall, in addition to the criteria
26 specified in Section 141.2 of the Illinois Insurance Code,

1 take into account the effect of the management contract or
2 service agreement on the continuation of benefits to enrollees
3 and the financial condition of the health maintenance
4 organization to be managed or serviced, and (ii) need not take
5 into account the effect of the management contract or service
6 agreement on competition.

7 (f) Except for small employer groups as defined in the
8 Small Employer Rating, Renewability and Portability Health
9 Insurance Act and except for medicare supplement policies as
10 defined in Section 363 of the Illinois Insurance Code, a
11 Health Maintenance Organization may by contract agree with a
12 group or other enrollment unit to effect refunds or charge
13 additional premiums under the following terms and conditions:

14 (i) the amount of, and other terms and conditions with
15 respect to, the refund or additional premium are set forth
16 in the group or enrollment unit contract agreed in advance
17 of the period for which a refund is to be paid or
18 additional premium is to be charged (which period shall
19 not be less than one year); and

20 (ii) the amount of the refund or additional premium
21 shall not exceed 20% of the Health Maintenance
22 Organization's profitable or unprofitable experience with
23 respect to the group or other enrollment unit for the
24 period (and, for purposes of a refund or additional
25 premium, the profitable or unprofitable experience shall
26 be calculated taking into account a pro rata share of the

1 Health Maintenance Organization's administrative and
2 marketing expenses, but shall not include any refund to be
3 made or additional premium to be paid pursuant to this
4 subsection (f)). The Health Maintenance Organization and
5 the group or enrollment unit may agree that the profitable
6 or unprofitable experience may be calculated taking into
7 account the refund period and the immediately preceding 2
8 plan years.

9 The Health Maintenance Organization shall include a
10 statement in the evidence of coverage issued to each enrollee
11 describing the possibility of a refund or additional premium,
12 and upon request of any group or enrollment unit, provide to
13 the group or enrollment unit a description of the method used
14 to calculate (1) the Health Maintenance Organization's
15 profitable experience with respect to the group or enrollment
16 unit and the resulting refund to the group or enrollment unit
17 or (2) the Health Maintenance Organization's unprofitable
18 experience with respect to the group or enrollment unit and
19 the resulting additional premium to be paid by the group or
20 enrollment unit.

21 In no event shall the Illinois Health Maintenance
22 Organization Guaranty Association be liable to pay any
23 contractual obligation of an insolvent organization to pay any
24 refund authorized under this Section.

25 (g) Rulemaking authority to implement Public Act 95-1045,
26 if any, is conditioned on the rules being adopted in

1 accordance with all provisions of the Illinois Administrative
2 Procedure Act and all rules and procedures of the Joint
3 Committee on Administrative Rules; any purported rule not so
4 adopted, for whatever reason, is unauthorized.

5 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
6 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-393, eff.
7 1-1-20; 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625,
8 eff. 1-1-21; 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
9 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
10 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
11 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
12 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
13 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
14 eff. 1-1-23; revised 12-13-22.)

15 Section 2-35. The Limited Health Service Organization Act
16 is amended by changing Section 4003 as follows:

17 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

18 Sec. 4003. Illinois Insurance Code provisions. Limited
19 health service organizations shall be subject to the
20 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
21 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
22 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 355.2, 355.3,
23 355b, 356q, 356v, 356z.10, 356z.21, 356z.22, 356z.25, 356z.26,
24 356z.29, 356z.30a, 356z.32, 356z.33, 356z.41, 356z.46,

1 356z.47, 356z.51, 356z.53 (as added by Public Act 102-804),
2 356z.53 (as added by Public Act 102-930), 364.3, 368a, 401,
3 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1 and
4 Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and
5 XXVI of the Illinois Insurance Code. For purposes of the
6 Illinois Insurance Code, except for Sections 444 and 444.1 and
7 Articles XIII and XIII 1/2, limited health service
8 organizations in the following categories are deemed to be
9 domestic companies:

10 (1) a corporation under the laws of this State; or

11 (2) a corporation organized under the laws of another
12 state, 30% or more of the enrollees of which are residents
13 of this State, except a corporation subject to
14 substantially the same requirements in its state of
15 organization as is a domestic company under Article VIII
16 1/2 of the Illinois Insurance Code.

17 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
18 101-393, eff. 1-1-20; 101-625, eff. 1-1-21; 102-30, eff.
19 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642,
20 eff. 1-1-22; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
21 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff.
22 1-1-23; 102-1093, eff. 1-1-23; revised 12-13-22.)

23 Section 2-40. The Voluntary Health Services Plans Act is
24 amended by changing Section 10 as follows:

1 (215 ILCS 165/10) (from Ch. 32, par. 604)

2 Sec. 10. Application of Insurance Code provisions. Health
3 services plan corporations and all persons interested therein
4 or dealing therewith shall be subject to the provisions of
5 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
6 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
7 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356v, 356w,
8 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5,
9 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
10 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,
11 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33,
12 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,
13 356z.56, 356z.57, 356z.59, 356z.60, 364.01, 364.3, 367.2,
14 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412, and
15 paragraphs (7) and (15) of Section 367 of the Illinois
16 Insurance Code.

17 Rulemaking authority to implement Public Act 95-1045, if
18 any, is conditioned on the rules being adopted in accordance
19 with all provisions of the Illinois Administrative Procedure
20 Act and all rules and procedures of the Joint Committee on
21 Administrative Rules; any purported rule not so adopted, for
22 whatever reason, is unauthorized.

23 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
24 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff.
25 1-1-21; 102-30, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306,
26 eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21;

1 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804, eff.
2 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,
3 eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff. 1-1-23;
4 revised 12-13-22.)

5 Section 2-45. The Illinois Public Aid Code is amended by
6 changing Section 5-16.8 as follows:

7 (305 ILCS 5/5-16.8)

8 Sec. 5-16.8. Required health benefits. The medical
9 assistance program shall (i) provide the post-mastectomy care
10 benefits required to be covered by a policy of accident and
11 health insurance under Section 356t and the coverage required
12 under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6,
13 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,
14 356z.47, ~~and~~ 356z.51, ~~and~~ 356z.53, 356z.56, 356z.59, and
15 356z.60 of the Illinois Insurance Code, (ii) be subject to the
16 provisions of Sections 356z.19, 356z.44, 356z.49, 364.01,
17 370c, and 370c.1 of the Illinois Insurance Code, and (iii) be
18 subject to the provisions of subsection (d-5) of Section 10 of
19 the Network Adequacy and Transparency Act.

20 The Department, by rule, shall adopt a model similar to
21 the requirements of Section 356z.39 of the Illinois Insurance
22 Code.

23 On and after July 1, 2012, the Department shall reduce any
24 rate of reimbursement for services or other payments or alter

1 any methodologies authorized by this Code to reduce any rate
2 of reimbursement for services or other payments in accordance
3 with Section 5-5e.

4 To ensure full access to the benefits set forth in this
5 Section, on and after January 1, 2016, the Department shall
6 ensure that provider and hospital reimbursement for
7 post-mastectomy care benefits required under this Section are
8 no lower than the Medicare reimbursement rate.

9 (Source: P.A. 101-81, eff. 7-12-19; 101-218, eff. 1-1-20;
10 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-574, eff.
11 1-1-20; 101-649, eff. 7-7-20; 102-30, eff. 1-1-22; 102-144,
12 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
13 102-530, eff. 1-1-22; 102-642, eff. 1-1-22; 102-804, eff.
14 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093,
15 eff. 1-1-23; revised 12-14-22.)

16 Article 3

17 Section 3-5. The Birth Center Licensing Act is amended by
18 changing Section 5 as follows:

19 (210 ILCS 170/5)

20 Sec. 5. Definitions.

21 (a) In this Act:

22 "Birth center" means a designated site, other than a
23 hospital:

1 (1) in which births are planned to occur following a
2 normal, uncomplicated, and low-risk pregnancy;

3 (2) that is not the pregnant person's usual place of
4 residence;

5 (3) that is ~~exclusively~~ dedicated to serving the
6 childbirth-related needs of pregnant persons and their
7 newborns, and has no more than 10 beds;

8 (4) that offers prenatal care and community education
9 services and coordinates these services with other health
10 care services available in the community; and

11 (5) that does not provide general anesthesia or
12 surgery.

13 "Certified nurse midwife" means an advanced practice
14 registered nurse licensed in Illinois under the Nurse Practice
15 Act with full practice authority or who is delegated such
16 authority as part of a written collaborative agreement with a
17 physician who is associated with the birthing center or who
18 has privileges at a nearby birthing hospital.

19 "Department" means the Illinois Department of Public
20 Health.

21 "Hospital" does not include places where pregnant females
22 are received, cared for, or treated during delivery if it is in
23 a licensed birth center, nor include any facility required to
24 be licensed as a birth center.

25 "Licensed certified professional midwife" means a person
26 who has successfully met the requirements under Section 45 of

1 the Licensed Certified Professional Midwife Practice Act and
2 holds an active license to practice as a licensed certified
3 professional midwife in Illinois.

4 "Physician" means a physician licensed to practice
5 medicine in all its branches in Illinois.

6 "Reproductive health care" means health care offered,
7 arranged, or furnished for the purpose of preventing
8 pregnancy, terminating a pregnancy, managing pregnancy loss,
9 or improving maternal health and birth outcomes. "Reproductive
10 health care" includes but is not limited to: contraception;
11 sterilization; preconception care; maternity care; assisted
12 reproduction; abortion care; and counseling regarding
13 reproductive health care.

14 (b) Nothing in this Section shall be construed to prohibit
15 a facility licensed as a birth center from offering other
16 sexual health care or reproductive health care subject to any
17 applicable laws, rules, regulations, or licensing requirements
18 for those services.

19 (Source: P.A. 102-518, eff. 8-20-21; 102-964, eff. 1-1-23.)

20 Article 5

21 Section 5-5. The Pharmacy Practice Act is amended by
22 changing Section 43 as follows:

23 (225 ILCS 85/43)

1 (Section scheduled to be repealed on January 1, 2028)

2 Sec. 43. Dispensation of hormonal contraceptives.

3 (a) The dispensing of hormonal contraceptives to a patient
4 shall be pursuant to a valid prescription or standing order by
5 a physician licensed to practice medicine in all its branches,
6 a standing order by ~~or~~ the medical director of a local health
7 department, or a standing order by the Department of Public
8 Health pursuant to the following:

9 (1) a pharmacist may dispense no more than a 12-month
10 supply of hormonal contraceptives to a patient;

11 (2) a pharmacist must complete an educational training
12 program accredited by the Accreditation Council for
13 Pharmacy Education and approved by the Department that is
14 related to the patient self-screening risk assessment,
15 patient assessment contraceptive counseling and education,
16 and dispensation of hormonal contraceptives;

17 (3) a pharmacist shall have the patient complete the
18 self-screening risk assessment tool; the self-screening
19 risk assessment tool is to be based on the most current
20 version of the United States Medical Eligibility Criteria
21 for Contraceptive Use published by the federal Centers for
22 Disease Control and Prevention;

23 (4) based upon the results of the self-screening risk
24 assessment and the patient assessment, the pharmacist
25 shall use his or her professional and clinical judgment as
26 to when a patient should be referred to the patient's

1 physician or another health care provider;

2 (5) a pharmacist shall provide, during the patient
3 assessment and consultation, counseling and education
4 about all methods of contraception, including methods not
5 covered under the standing order, and their proper use and
6 effectiveness;

7 (6) the patient consultation shall take place in a
8 private manner; and

9 (7) a pharmacist and pharmacy must maintain
10 appropriate records.

11 (b) The Department may adopt rules to implement this
12 Section.

13 (c) Nothing in this Section shall be interpreted to
14 require a pharmacist to dispense hormonal contraception under
15 a standing order issued by a physician licensed to practice
16 medicine in all its branches or the medical director of a local
17 health department.

18 (d) Notwithstanding any other provision of law to the
19 contrary, a pharmacist may dispense hormonal contraceptives in
20 conformance with standing orders issued pursuant to this
21 Section without prior establishment of a relationship between
22 the pharmacist and the person receiving hormonal
23 contraception.

24 (e) No employee of the Department of Public Health issuing
25 a standing order pursuant to this Section shall, as a result of
26 the employee's acts or omissions in issuing the standing order

1 pursuant to this Section, be subject to (i) any disciplinary
2 or other adverse action under the Medical Practice Act of
3 1987, (ii) any civil liability, or (iii) any criminal
4 liability.

5 (Source: P.A. 102-103, eff. 1-1-22; 102-813, eff. 5-13-22.)

6 Article 6

7 Section 6-5. The Criminal Identification Act is amended by
8 changing Section 3.2 as follows:

9 (20 ILCS 2630/3.2) (from Ch. 38, par. 206-3.2)

10 Sec. 3.2. (a) It is the duty of any person conducting or
11 operating a medical facility, or any physician or nurse as
12 soon as treatment permits to notify the local law enforcement
13 agency of that jurisdiction upon the application for treatment
14 of a person who is not accompanied by a law enforcement
15 officer, when it reasonably appears that the person requesting
16 treatment has received:

17 (1) any injury resulting from the discharge of a
18 firearm; or

19 (2) any injury sustained in the commission of or as a
20 victim of a criminal offense.

21 Any hospital, physician or nurse shall be forever held
22 harmless from any civil liability for their reasonable
23 compliance with the provisions of this Section.

1 (b) Notwithstanding subsection (a), nothing in this
2 Section shall be construed to require the reporting of lawful
3 health care activity, whether such activity may constitute a
4 violation of another state's law.

5 (c) As used in this Section:

6 "Gender-affirming health care" includes, but is not
7 limited to, all supplies, care, and services of a medical,
8 behavioral health, mental health, surgical, psychiatric,
9 therapeutic, diagnostic, preventative, rehabilitative, or
10 supportive nature relating to the treatment of gender
11 dysphoria or the affirmation of an individual's gender
12 identity or gender expression.

13 "Lawful health care" means "reproductive health care" as
14 defined in Section 1-10 of the Reproductive Health Act, or
15 gender-affirming health care that is not unlawful under the
16 laws of this State, including on any theory of vicarious,
17 joint, several, or conspiracy liability."

18 "Lawful health care activity" means seeking, providing,
19 receiving, assisting in seeking, providing, or receiving,
20 providing material support for, or traveling to obtain lawful
21 health care.

22 (Source: P.A. 86-1475.)

23 Section 6-10. The Wrongful Death Act is amended by
24 changing Section 2.2 as follows:

1 (740 ILCS 180/2.2) (from Ch. 70, par. 2.2)

2 Sec. 2.2. The state of gestation or development of a human
3 being when an injury is caused, when an injury takes effect, or
4 at death, shall not foreclose maintenance of any cause of
5 action under the law of this State arising from the death of a
6 human being caused by wrongful act, neglect or default.

7 There shall be no cause of action against any person ~~a~~
8 ~~physician or a medical institution~~ for the wrongful death of a
9 fetus caused by an abortion where the abortion was permitted
10 by law and the requisite consent was lawfully given. Provided,
11 however, that a cause of action is not prohibited where the
12 fetus is live-born but subsequently dies.

13 There shall be no cause of action against a physician or a
14 medical institution for the wrongful death of a fetus based on
15 the alleged misconduct of the physician or medical institution
16 where the defendant did not know and, under the applicable
17 standard of good medical care, had no medical reason to know of
18 the pregnancy of the mother of the fetus.

19 (Source: P.A. 81-946.)

20 Article 7

21 Section 7-5. The Illinois Parentage Act of 2015 is amended
22 by changing Sections 704 and 709 as follows:

23 (750 ILCS 46/704)

1 Sec. 704. Withdrawal of consent of intended parent or
2 donor. An intended parent or donor may withdraw consent to use
3 his or her gametes in a writing or legal pleading with notice
4 to the other participants. An intended parent who withdraws
5 consent under this Section prior to the insemination or embryo
6 transfer is not a parent of any resulting child. If a donor
7 withdraws consent to his or her donation prior to the
8 insemination or the combination of gametes, the intended
9 parent is not the parent of any resulting child. If the
10 intended parent or parents no longer wish to use any remaining
11 cryopreserved fertilized ovum for medical purposes, the terms
12 of the most recent informed consent of the intended parent or
13 parents executed at the fertility center or a marital
14 settlement agreement under a judgment of dissolution of
15 marriage, judgment of legal separation, or judgment of
16 dissolution of civil union governs the disposition of the
17 fertilized ovum.

18 (Source: P.A. 99-763, eff. 1-1-17.)

19 (750 ILCS 46/709)

20 Sec. 709. Establishment of parentage; requirements of
21 Gestational Surrogacy Act.

22 (a) In the event of gestational surrogacy, in addition to
23 the requirements of the Gestational Surrogacy Act, a
24 parent-child relationship is established between a person and
25 a child if all of the following conditions are met prior to the

1 birth of the child:

2 (1) The gestational surrogate certifies that she did
3 not provide a gamete for the child, and that she is
4 carrying the child for the intended parents.

5 (2) The spouse, if any, of the gestational surrogate
6 certifies that he or she did not provide a gamete for the
7 child.

8 (3) Each intended parent, or the parent's legally
9 authorized designee if an intended parent dies, certifies
10 that the child being carried by the gestational surrogate
11 was conceived using at least one of the intended parents'
12 gametes.

13 (4) A physician licensed in the state in which the
14 fertilized ovum was inseminated or transferred to the
15 gestational surrogate certifies that the child being
16 carried by the gestational surrogate was conceived using
17 the gamete or gametes of at least one of the intended
18 parents, and that neither the gestational surrogate nor
19 the gestational surrogate's spouse, if any, provided
20 gametes for the child being carried by the gestational
21 surrogate.

22 (5) The attorneys for the intended parents and the
23 gestational surrogate each certify that the parties
24 entered into a gestational surrogacy agreement intended to
25 satisfy the requirements of the Gestational Surrogacy Act.

26 (b) All certifications under this Section shall be in

1 writing and witnessed by 2 competent adults who are not the
2 gestational surrogate, gestational surrogate's spouse, if any,
3 or an intended parent. Certifications shall be on forms
4 prescribed by the Illinois Department of Public Health and
5 shall be executed prior to the birth of the child. All
6 certifications shall be provided, prior to the birth of the
7 child, to both the hospital where the gestational surrogate
8 anticipates the delivery will occur and to the Illinois
9 Department of Public Health.

10 (c) Parentage established in accordance with this Section
11 has the full force and effect of a judgment entered under this
12 Act.

13 (d) The Illinois Department of Public Health shall adopt
14 rules to implement this Section.

15 (Source: P.A. 99-763, eff. 1-1-17.)

16 Article 8

17 Section 8-5. The Reproductive Health Act is amended by
18 changing Sections 1-10, 1-20, and 1-25 as follows:

19 (775 ILCS 55/1-10)

20 Sec. 1-10. Definitions. As used in this Act:

21 "Abortion" means the use of any instrument, medicine,
22 drug, or any other substance or device to terminate the
23 pregnancy of an individual known to be pregnant with an

1 intention other than to increase the probability of a live
2 birth, to preserve the life or health of the child after live
3 birth, or to remove a dead fetus.

4 "Advanced practice registered nurse" has the same meaning
5 as it does in Section 50-10 of the Nurse Practice Act.

6 "Assisted reproduction" means a method of achieving a
7 pregnancy through the handling of human oocytes, sperm,
8 zygotes, or embryos for the purpose of establishing a
9 pregnancy. "Assisted reproduction" includes, but is not
10 limited to: methods of artificial insemination; in vitro
11 fertilization; embryo transfer; zygote transfer; embryo
12 biopsy; preimplantation genetic diagnosis; embryo
13 cryopreservation; oocyte, gamete, zygote, and embryo donation;
14 and gestational surrogacy.

15 "Department" means the Illinois Department of Public
16 Health.

17 "Fetal viability" means that, in the professional judgment
18 of the attending health care professional, based on the
19 particular facts of the case, there is a significant
20 likelihood of a fetus' sustained survival outside the uterus
21 without the application of extraordinary medical measures.

22 "Health care professional" means a person who is licensed
23 as a physician, advanced practice registered nurse, or
24 physician assistant.

25 "Health of the patient" means all factors that are
26 relevant to the patient's health and well-being, including,

1 but not limited to, physical, emotional, psychological, and
2 familial health and age.

3 "Maternity care" means the health care provided in
4 relation to pregnancy, labor and childbirth, and the
5 postpartum period, and includes prenatal care, care during
6 labor and birthing, and postpartum care extending through
7 one-year postpartum. Maternity care shall, seek to optimize
8 positive outcomes for the patient, and be provided on the
9 basis of the physical and psychosocial needs of the patient.
10 Notwithstanding any of the above, all care shall be subject to
11 the informed and voluntary consent of the patient, or the
12 patient's legal proxy, when the patient is unable to give
13 consent.

14 "Physician" means any person licensed to practice medicine
15 in all its branches under the Medical Practice Act of 1987.

16 "Physician assistant" has the same meaning as it does in
17 Section 4 of the Physician Assistant Practice Act of 1987.

18 "Pregnancy" means the human reproductive process,
19 beginning with the implantation of an embryo.

20 "Prevailing party" has the same meaning as in the Illinois
21 Civil Rights Act of 2003.

22 "Reproductive health care" means health care offered,
23 arranged, or furnished for the purpose of preventing
24 pregnancy, terminating a pregnancy, managing pregnancy loss,
25 or improving maternal health and birth outcomes. "Reproductive
26 health care" includes, but is not limited to: contraception;

1 sterilization; preconception care; assisted reproduction;
2 maternity care; abortion care; and counseling regarding
3 reproductive health care.

4 "State" includes any branch, department, agency,
5 instrumentality, and official or other person acting under
6 color of law of this State or a political subdivision of the
7 State, including any unit of local government (including a
8 home rule unit), school district, instrumentality, or public
9 subdivision.

10 (Source: P.A. 101-13, eff. 6-12-19.)

11 (775 ILCS 55/1-20)

12 Sec. 1-20. Prohibited State actions; causes of action.

13 (a) The State shall not:

14 (1) deny, restrict, interfere with, or discriminate
15 against an individual's exercise of the fundamental rights
16 set forth in this Act, including individuals under State
17 custody, control, or supervision; or

18 (2) prosecute, punish, or otherwise deprive any
19 individual of the individual's rights for any act or
20 failure to act during the individual's own pregnancy, if
21 the predominant basis for such prosecution, punishment, or
22 deprivation of rights is the potential, actual, or
23 perceived impact on the pregnancy or its outcomes or on
24 the pregnant individual's own health.

25 (b) Any party aggrieved by conduct or regulation in

1 violation of this Act may bring a civil lawsuit, in a federal
2 district court or State circuit court, against the offending
3 unit of government. Any State claim brought in federal
4 district court shall be a supplemental claim to a federal
5 claim. Any lawsuit brought pursuant to this Act shall be
6 commenced within 2 years after the cause of action was
7 discovered.

8 (c) Upon motion, a court shall award reasonable attorney's
9 fees and costs, including expert witness fees and other
10 litigation expenses, to a plaintiff who is a prevailing party
11 in any action brought pursuant to this Section. In awarding
12 reasonable attorney's fees, the court shall consider the
13 degree to which the relief obtained relates to the relief
14 sought.

15 (Source: P.A. 101-13, eff. 6-12-19.)

16 (775 ILCS 55/1-25)

17 Sec. 1-25. Reporting of abortions performed by health care
18 professionals.

19 (a) A health care professional may provide abortion care
20 in accordance with the health care professional's professional
21 judgment and training and based on accepted standards of
22 clinical practice consistent with the scope of his or her
23 practice under the Medical Practice Act of 1987, the Nurse
24 Practice Act, or the Physician Assistant Practice Act of 1987.
25 An advanced practice registered nurse or physician assistant

1 as defined in this Act may perform aspiration abortion
2 procedures that do not require general anesthesia, consistent
3 with the advanced practice registered nurse's training and
4 standards of clinical practice and, if applicable, consistent
5 with any collaborative agreement. If the health care
6 professional determines that there is fetal viability, the
7 health care professional may provide abortion care only if, in
8 the professional judgment of the health care professional, the
9 abortion is necessary to protect the life or health of the
10 patient.

11 (b) A report of each abortion performed by a health care
12 professional shall be made to the Department on forms
13 prescribed by it. Such reports shall be transmitted to the
14 Department not later than 10 days following the end of the
15 month in which the abortion is performed.

16 (c) The abortion reporting forms prescribed by the
17 Department shall not request or require information that
18 identifies a patient by name or any other identifying
19 information, and the Department shall secure anonymity of all
20 patients and health care professionals.

21 (d) All reports received by the Department pursuant to
22 this Section shall be treated as confidential and exempt from
23 the Freedom of Information Act. Access to such reports shall
24 be limited to authorized Department staff who shall use the
25 reports for statistical purposes only. Such reports must be
26 destroyed within 2 years after date of receipt.

(Source: P.A. 101-13, eff. 6-12-19.)

Article 9

Section 9-5. The Medical Practice Act of 1987 is amended by changing Sections 22 and 23 as follows:

(225 ILCS 60/22) (from Ch. 111, par. 4400-22)

(Section scheduled to be repealed on January 1, 2027)

Sec. 22. Disciplinary action.

(A) The Department may revoke, suspend, place on probation, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action as the Department may deem proper with regard to the license or permit of any person issued under this Act, including imposing fines not to exceed \$10,000 for each violation, upon any of the following grounds:

(1) (Blank).

(2) (Blank).

(3) A plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or sentencing, including, but not limited to, convictions, preceding sentences of supervision, conditional discharge, or first offender probation, under the laws of any jurisdiction of the United States of any crime that is a felony.

(4) Gross negligence in practice under this Act.

1 (5) Engaging in dishonorable, unethical, or
2 unprofessional conduct of a character likely to deceive,
3 defraud or harm the public.

4 (6) Obtaining any fee by fraud, deceit, or
5 misrepresentation.

6 (7) Habitual or excessive use or abuse of drugs
7 defined in law as controlled substances, of alcohol, or of
8 any other substances which results in the inability to
9 practice with reasonable judgment, skill, or safety.

10 (8) Practicing under a false or, except as provided by
11 law, an assumed name.

12 (9) Fraud or misrepresentation in applying for, or
13 procuring, a license under this Act or in connection with
14 applying for renewal of a license under this Act.

15 (10) Making a false or misleading statement regarding
16 their skill or the efficacy or value of the medicine,
17 treatment, or remedy prescribed by them at their direction
18 in the treatment of any disease or other condition of the
19 body or mind.

20 (11) Allowing another person or organization to use
21 their license, procured under this Act, to practice.

22 (12) Adverse action taken by another state or
23 jurisdiction against a license or other authorization to
24 practice as a medical doctor, doctor of osteopathy, doctor
25 of osteopathic medicine or doctor of chiropractic, a
26 certified copy of the record of the action taken by the

1 other state or jurisdiction being prima facie evidence
2 thereof. This includes any adverse action taken by a State
3 or federal agency that prohibits a medical doctor, doctor
4 of osteopathy, doctor of osteopathic medicine, or doctor
5 of chiropractic from providing services to the agency's
6 participants.

7 (13) Violation of any provision of this Act or of the
8 Medical Practice Act prior to the repeal of that Act, or
9 violation of the rules, or a final administrative action
10 of the Secretary, after consideration of the
11 recommendation of the Medical Board.

12 (14) Violation of the prohibition against fee
13 splitting in Section 22.2 of this Act.

14 (15) A finding by the Medical Board that the
15 registrant after having his or her license placed on
16 probationary status or subjected to conditions or
17 restrictions violated the terms of the probation or failed
18 to comply with such terms or conditions.

19 (16) Abandonment of a patient.

20 (17) Prescribing, selling, administering,
21 distributing, giving, or self-administering any drug
22 classified as a controlled substance (designated product)
23 or narcotic for other than medically accepted therapeutic
24 purposes.

25 (18) Promotion of the sale of drugs, devices,
26 appliances, or goods provided for a patient in such manner

1 as to exploit the patient for financial gain of the
2 physician.

3 (19) Offering, undertaking, or agreeing to cure or
4 treat disease by a secret method, procedure, treatment, or
5 medicine, or the treating, operating, or prescribing for
6 any human condition by a method, means, or procedure which
7 the licensee refuses to divulge upon demand of the
8 Department.

9 (20) Immoral conduct in the commission of any act
10 including, but not limited to, commission of an act of
11 sexual misconduct related to the licensee's practice.

12 (21) Willfully making or filing false records or
13 reports in his or her practice as a physician, including,
14 but not limited to, false records to support claims
15 against the medical assistance program of the Department
16 of Healthcare and Family Services (formerly Department of
17 Public Aid) under the Illinois Public Aid Code.

18 (22) Willful omission to file or record, or willfully
19 impeding the filing or recording, or inducing another
20 person to omit to file or record, medical reports as
21 required by law, or willfully failing to report an
22 instance of suspected abuse or neglect as required by law.

23 (23) Being named as a perpetrator in an indicated
24 report by the Department of Children and Family Services
25 under the Abused and Neglected Child Reporting Act, and
26 upon proof by clear and convincing evidence that the

1 licensee has caused a child to be an abused child or
2 neglected child as defined in the Abused and Neglected
3 Child Reporting Act.

4 (24) Solicitation of professional patronage by any
5 corporation, agents or persons, or profiting from those
6 representing themselves to be agents of the licensee.

7 (25) Gross and willful and continued overcharging for
8 professional services, including filing false statements
9 for collection of fees for which services are not
10 rendered, including, but not limited to, filing such false
11 statements for collection of monies for services not
12 rendered from the medical assistance program of the
13 Department of Healthcare and Family Services (formerly
14 Department of Public Aid) under the Illinois Public Aid
15 Code.

16 (26) A pattern of practice or other behavior which
17 demonstrates incapacity or incompetence to practice under
18 this Act.

19 (27) Mental illness or disability which results in the
20 inability to practice under this Act with reasonable
21 judgment, skill, or safety.

22 (28) Physical illness, including, but not limited to,
23 deterioration through the aging process, or loss of motor
24 skill which results in a physician's inability to practice
25 under this Act with reasonable judgment, skill, or safety.

26 (29) Cheating on or attempting to subvert the

1 licensing examinations administered under this Act.

2 (30) Willfully or negligently violating the
3 confidentiality between physician and patient except as
4 required by law.

5 (31) The use of any false, fraudulent, or deceptive
6 statement in any document connected with practice under
7 this Act.

8 (32) Aiding and abetting an individual not licensed
9 under this Act in the practice of a profession licensed
10 under this Act.

11 (33) Violating state or federal laws or regulations
12 relating to controlled substances, legend drugs, or
13 ephedra as defined in the Ephedra Prohibition Act.

14 (34) Failure to report to the Department any adverse
15 final action taken against them by another licensing
16 jurisdiction (any other state or any territory of the
17 United States or any foreign state or country), by any
18 peer review body, by any health care institution, by any
19 professional society or association related to practice
20 under this Act, by any governmental agency, by any law
21 enforcement agency, or by any court for acts or conduct
22 similar to acts or conduct which would constitute grounds
23 for action as defined in this Section.

24 (35) Failure to report to the Department surrender of
25 a license or authorization to practice as a medical
26 doctor, a doctor of osteopathy, a doctor of osteopathic

1 medicine, or doctor of chiropractic in another state or
2 jurisdiction, or surrender of membership on any medical
3 staff or in any medical or professional association or
4 society, while under disciplinary investigation by any of
5 those authorities or bodies, for acts or conduct similar
6 to acts or conduct which would constitute grounds for
7 action as defined in this Section.

8 (36) Failure to report to the Department any adverse
9 judgment, settlement, or award arising from a liability
10 claim related to acts or conduct similar to acts or
11 conduct which would constitute grounds for action as
12 defined in this Section.

13 (37) Failure to provide copies of medical records as
14 required by law.

15 (38) Failure to furnish the Department, its
16 investigators or representatives, relevant information,
17 legally requested by the Department after consultation
18 with the Chief Medical Coordinator or the Deputy Medical
19 Coordinator.

20 (39) Violating the Health Care Worker Self-Referral
21 Act.

22 (40) (Blank). ~~Willful failure to provide notice when~~
23 ~~notice is required under the Parental Notice of Abortion~~
24 ~~Act of 1995.~~

25 (41) Failure to establish and maintain records of
26 patient care and treatment as required by this law.

1 (42) Entering into an excessive number of written
2 collaborative agreements with licensed advanced practice
3 registered nurses resulting in an inability to adequately
4 collaborate.

5 (43) Repeated failure to adequately collaborate with a
6 licensed advanced practice registered nurse.

7 (44) Violating the Compassionate Use of Medical
8 Cannabis Program Act.

9 (45) Entering into an excessive number of written
10 collaborative agreements with licensed prescribing
11 psychologists resulting in an inability to adequately
12 collaborate.

13 (46) Repeated failure to adequately collaborate with a
14 licensed prescribing psychologist.

15 (47) Willfully failing to report an instance of
16 suspected abuse, neglect, financial exploitation, or
17 self-neglect of an eligible adult as defined in and
18 required by the Adult Protective Services Act.

19 (48) Being named as an abuser in a verified report by
20 the Department on Aging under the Adult Protective
21 Services Act, and upon proof by clear and convincing
22 evidence that the licensee abused, neglected, or
23 financially exploited an eligible adult as defined in the
24 Adult Protective Services Act.

25 (49) Entering into an excessive number of written
26 collaborative agreements with licensed physician

1 assistants resulting in an inability to adequately
2 collaborate.

3 (50) Repeated failure to adequately collaborate with a
4 physician assistant.

5 Except for actions involving the ground numbered (26), all
6 proceedings to suspend, revoke, place on probationary status,
7 or take any other disciplinary action as the Department may
8 deem proper, with regard to a license on any of the foregoing
9 grounds, must be commenced within 5 years next after receipt
10 by the Department of a complaint alleging the commission of or
11 notice of the conviction order for any of the acts described
12 herein. Except for the grounds numbered (8), (9), (26), and
13 (29), no action shall be commenced more than 10 years after the
14 date of the incident or act alleged to have violated this
15 Section. For actions involving the ground numbered (26), a
16 pattern of practice or other behavior includes all incidents
17 alleged to be part of the pattern of practice or other behavior
18 that occurred, or a report pursuant to Section 23 of this Act
19 received, within the 10-year period preceding the filing of
20 the complaint. In the event of the settlement of any claim or
21 cause of action in favor of the claimant or the reduction to
22 final judgment of any civil action in favor of the plaintiff,
23 such claim, cause of action, or civil action being grounded on
24 the allegation that a person licensed under this Act was
25 negligent in providing care, the Department shall have an
26 additional period of 2 years from the date of notification to

1 the Department under Section 23 of this Act of such settlement
2 or final judgment in which to investigate and commence formal
3 disciplinary proceedings under Section 36 of this Act, except
4 as otherwise provided by law. The time during which the holder
5 of the license was outside the State of Illinois shall not be
6 included within any period of time limiting the commencement
7 of disciplinary action by the Department.

8 The entry of an order or judgment by any circuit court
9 establishing that any person holding a license under this Act
10 is a person in need of mental treatment operates as a
11 suspension of that license. That person may resume his or her
12 practice only upon the entry of a Departmental order based
13 upon a finding by the Medical Board that the person has been
14 determined to be recovered from mental illness by the court
15 and upon the Medical Board's recommendation that the person be
16 permitted to resume his or her practice.

17 The Department may refuse to issue or take disciplinary
18 action concerning the license of any person who fails to file a
19 return, or to pay the tax, penalty, or interest shown in a
20 filed return, or to pay any final assessment of tax, penalty,
21 or interest, as required by any tax Act administered by the
22 Illinois Department of Revenue, until such time as the
23 requirements of any such tax Act are satisfied as determined
24 by the Illinois Department of Revenue.

25 The Department, upon the recommendation of the Medical
26 Board, shall adopt rules which set forth standards to be used

1 in determining:

2 (a) when a person will be deemed sufficiently
3 rehabilitated to warrant the public trust;

4 (b) what constitutes dishonorable, unethical, or
5 unprofessional conduct of a character likely to deceive,
6 defraud, or harm the public;

7 (c) what constitutes immoral conduct in the commission
8 of any act, including, but not limited to, commission of
9 an act of sexual misconduct related to the licensee's
10 practice; and

11 (d) what constitutes gross negligence in the practice
12 of medicine.

13 However, no such rule shall be admissible into evidence in
14 any civil action except for review of a licensing or other
15 disciplinary action under this Act.

16 In enforcing this Section, the Medical Board, upon a
17 showing of a possible violation, may compel any individual who
18 is licensed to practice under this Act or holds a permit to
19 practice under this Act, or any individual who has applied for
20 licensure or a permit pursuant to this Act, to submit to a
21 mental or physical examination and evaluation, or both, which
22 may include a substance abuse or sexual offender evaluation,
23 as required by the Medical Board and at the expense of the
24 Department. The Medical Board shall specifically designate the
25 examining physician licensed to practice medicine in all of
26 its branches or, if applicable, the multidisciplinary team

1 involved in providing the mental or physical examination and
2 evaluation, or both. The multidisciplinary team shall be led
3 by a physician licensed to practice medicine in all of its
4 branches and may consist of one or more or a combination of
5 physicians licensed to practice medicine in all of its
6 branches, licensed chiropractic physicians, licensed clinical
7 psychologists, licensed clinical social workers, licensed
8 clinical professional counselors, and other professional and
9 administrative staff. Any examining physician or member of the
10 multidisciplinary team may require any person ordered to
11 submit to an examination and evaluation pursuant to this
12 Section to submit to any additional supplemental testing
13 deemed necessary to complete any examination or evaluation
14 process, including, but not limited to, blood testing,
15 urinalysis, psychological testing, or neuropsychological
16 testing. The Medical Board or the Department may order the
17 examining physician or any member of the multidisciplinary
18 team to provide to the Department or the Medical Board any and
19 all records, including business records, that relate to the
20 examination and evaluation, including any supplemental testing
21 performed. The Medical Board or the Department may order the
22 examining physician or any member of the multidisciplinary
23 team to present testimony concerning this examination and
24 evaluation of the licensee, permit holder, or applicant,
25 including testimony concerning any supplemental testing or
26 documents relating to the examination and evaluation. No

1 information, report, record, or other documents in any way
2 related to the examination and evaluation shall be excluded by
3 reason of any common law or statutory privilege relating to
4 communication between the licensee, permit holder, or
5 applicant and the examining physician or any member of the
6 multidisciplinary team. No authorization is necessary from the
7 licensee, permit holder, or applicant ordered to undergo an
8 evaluation and examination for the examining physician or any
9 member of the multidisciplinary team to provide information,
10 reports, records, or other documents or to provide any
11 testimony regarding the examination and evaluation. The
12 individual to be examined may have, at his or her own expense,
13 another physician of his or her choice present during all
14 aspects of the examination. Failure of any individual to
15 submit to mental or physical examination and evaluation, or
16 both, when directed, shall result in an automatic suspension,
17 without hearing, until such time as the individual submits to
18 the examination. If the Medical Board finds a physician unable
19 to practice following an examination and evaluation because of
20 the reasons set forth in this Section, the Medical Board shall
21 require such physician to submit to care, counseling, or
22 treatment by physicians, or other health care professionals,
23 approved or designated by the Medical Board, as a condition
24 for issued, continued, reinstated, or renewed licensure to
25 practice. Any physician, whose license was granted pursuant to
26 Sections 9, 17, or 19 of this Act, or, continued, reinstated,

1 renewed, disciplined or supervised, subject to such terms,
2 conditions, or restrictions who shall fail to comply with such
3 terms, conditions, or restrictions, or to complete a required
4 program of care, counseling, or treatment, as determined by
5 the Chief Medical Coordinator or Deputy Medical Coordinators,
6 shall be referred to the Secretary for a determination as to
7 whether the licensee shall have his or her license suspended
8 immediately, pending a hearing by the Medical Board. In
9 instances in which the Secretary immediately suspends a
10 license under this Section, a hearing upon such person's
11 license must be convened by the Medical Board within 15 days
12 after such suspension and completed without appreciable delay.
13 The Medical Board shall have the authority to review the
14 subject physician's record of treatment and counseling
15 regarding the impairment, to the extent permitted by
16 applicable federal statutes and regulations safeguarding the
17 confidentiality of medical records.

18 An individual licensed under this Act, affected under this
19 Section, shall be afforded an opportunity to demonstrate to
20 the Medical Board that he or she can resume practice in
21 compliance with acceptable and prevailing standards under the
22 provisions of his or her license.

23 The Department may promulgate rules for the imposition of
24 fines in disciplinary cases, not to exceed \$10,000 for each
25 violation of this Act. Fines may be imposed in conjunction
26 with other forms of disciplinary action, but shall not be the

1 exclusive disposition of any disciplinary action arising out
2 of conduct resulting in death or injury to a patient. Any funds
3 collected from such fines shall be deposited in the Illinois
4 State Medical Disciplinary Fund.

5 All fines imposed under this Section shall be paid within
6 60 days after the effective date of the order imposing the fine
7 or in accordance with the terms set forth in the order imposing
8 the fine.

9 (B) The Department shall revoke the license or permit
10 issued under this Act to practice medicine or a chiropractic
11 physician who has been convicted a second time of committing
12 any felony under the Illinois Controlled Substances Act or the
13 Methamphetamine Control and Community Protection Act, or who
14 has been convicted a second time of committing a Class 1 felony
15 under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A
16 person whose license or permit is revoked under this
17 subsection B shall be prohibited from practicing medicine or
18 treating human ailments without the use of drugs and without
19 operative surgery.

20 (C) The Department shall not revoke, suspend, place on
21 probation, reprimand, refuse to issue or renew, or take any
22 other disciplinary or non-disciplinary action against the
23 license or permit issued under this Act to practice medicine
24 to a physician:

25 (1) based solely upon the recommendation of the
26 physician to an eligible patient regarding, or

1 prescription for, or treatment with, an investigational
2 drug, biological product, or device; ~~or~~

3 (2) for experimental treatment for Lyme disease or
4 other tick-borne diseases, including, but not limited to,
5 the prescription of or treatment with long-term
6 antibiotics;

7 (3) based solely upon the physician providing,
8 authorizing, recommending, aiding, assisting, referring
9 for, or otherwise participating in any health care
10 service, so long as the care was otherwise performed in
11 accordance with the laws of this State, regardless of
12 whether the patient was a resident of this State or
13 another state; or

14 (4) based upon the physician's license being revoked
15 or suspended, or the physician being otherwise disciplined
16 by any other state, if that revocation, suspension, or
17 other form of discipline was based solely on the physician
18 violating another state's laws prohibiting the provision
19 of, authorization of, recommendation of, aiding or
20 assisting in, referring for, or participation in any
21 health care service if that health care service as
22 provided would have been lawful and consistent with the
23 standards of conduct for the physician if it occurred in
24 Illinois.

25 (D) (Blank). ~~The Medical Board shall recommend to the~~
26 ~~Department civil penalties and any other appropriate~~

~~discipline in disciplinary cases when the Medical Board finds that a physician willfully performed an abortion with actual knowledge that the person upon whom the abortion has been performed is a minor or an incompetent person without notice as required under the Parental Notice of Abortion Act of 1995. Upon the Medical Board's recommendation, the Department shall impose, for the first violation, a civil penalty of \$1,000 and for a second or subsequent violation, a civil penalty of \$5,000.~~

(D) The conduct specified in subsection (C) shall not trigger reporting requirements under Section 23, constitute grounds for suspension under Section 25, or be included on the physician's profile required under Section 10 of the Patients' Right to Know Act.

(E) An applicant seeking licensure, certification, or authorization pursuant to this Act who has been subject to disciplinary action by a duly authorized professional disciplinary agency of another jurisdiction solely on the basis of having provided, authorized, recommended, aided, assisted, referred for, or otherwise participated in health care shall not be denied such licensure, certification, or authorization, unless the Department determines that such action would have constituted professional misconduct in this State; provided however, that nothing in this Section shall be construed as prohibiting the Department from evaluating the conduct of such applicant and making a determination regarding

1 the licensure, certification, or authorization to practice a
2 profession under this Act.

3 (F) The Department may adopt rules to implement the
4 changes made by this amendatory Act of the 102nd General
5 Assembly.

6 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
7 101-363, eff. 8-9-19; 102-20, eff. 1-1-22; 102-558, eff.
8 8-20-21; 102-813, eff. 5-13-22.)

9 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

10 (Section scheduled to be repealed on January 1, 2027)

11 Sec. 23. Reports relating to professional conduct and
12 capacity.

13 (A) Entities required to report.

14 (1) Health care institutions. The chief administrator
15 or executive officer of any health care institution
16 licensed by the Illinois Department of Public Health shall
17 report to the Medical Board when any person's clinical
18 privileges are terminated or are restricted based on a
19 final determination made in accordance with that
20 institution's by-laws or rules and regulations that a
21 person has either committed an act or acts which may
22 directly threaten patient care or that a person may have a
23 mental or physical disability that may endanger patients
24 under that person's care. Such officer also shall report
25 if a person accepts voluntary termination or restriction

1 of clinical privileges in lieu of formal action based upon
2 conduct related directly to patient care or in lieu of
3 formal action seeking to determine whether a person may
4 have a mental or physical disability that may endanger
5 patients under that person's care. The Medical Board
6 shall, by rule, provide for the reporting to it by health
7 care institutions of all instances in which a person,
8 licensed under this Act, who is impaired by reason of age,
9 drug or alcohol abuse or physical or mental impairment, is
10 under supervision and, where appropriate, is in a program
11 of rehabilitation. Such reports shall be strictly
12 confidential and may be reviewed and considered only by
13 the members of the Medical Board, or by authorized staff
14 as provided by rules of the Medical Board. Provisions
15 shall be made for the periodic report of the status of any
16 such person not less than twice annually in order that the
17 Medical Board shall have current information upon which to
18 determine the status of any such person. Such initial and
19 periodic reports of impaired physicians shall not be
20 considered records within the meaning of the State Records
21 Act and shall be disposed of, following a determination by
22 the Medical Board that such reports are no longer
23 required, in a manner and at such time as the Medical Board
24 shall determine by rule. The filing of such reports shall
25 be construed as the filing of a report for purposes of
26 subsection (C) of this Section. Such health care

1 institution shall not take any adverse action, including,
2 but not limited to, restricting or terminating of any
3 person's clinical privileges, as a result of an adverse
4 action against the person's license or clinical privileges
5 or other disciplinary action by another state or health
6 care institution that resulted from the person's provision
7 of, authorization of, recommendation of, aiding or
8 assistance with, referral for, or participation in any
9 health care service if the adverse action was based solely
10 on a violation of the other state's law prohibiting the
11 provision of such health care and related services in the
12 state or for a resident of the state if that health care
13 service as provided would have been lawful and consistent
14 with the standards of conduct for physicians if it
15 occurred in Illinois.

16 (1.5) Clinical training programs. The program director
17 of any post-graduate clinical training program shall
18 report to the Medical Board if a person engaged in a
19 post-graduate clinical training program at the
20 institution, including, but not limited to, a residency or
21 fellowship, separates from the program for any reason
22 prior to its conclusion. The program director shall
23 provide all documentation relating to the separation if,
24 after review of the report, the Medical Board determines
25 that a review of those documents is necessary to determine
26 whether a violation of this Act occurred.

1 (2) Professional associations. The President or chief
2 executive officer of any association or society, of
3 persons licensed under this Act, operating within this
4 State shall report to the Medical Board when the
5 association or society renders a final determination that
6 a person has committed unprofessional conduct related
7 directly to patient care or that a person may have a mental
8 or physical disability that may endanger patients under
9 that person's care.

10 (3) Professional liability insurers. Every insurance
11 company which offers policies of professional liability
12 insurance to persons licensed under this Act, or any other
13 entity which seeks to indemnify the professional liability
14 of a person licensed under this Act, shall report to the
15 Medical Board the settlement of any claim or cause of
16 action, or final judgment rendered in any cause of action,
17 which alleged negligence in the furnishing of medical care
18 by such licensed person when such settlement or final
19 judgment is in favor of the plaintiff. Such insurance
20 company shall not take any adverse action, including, but
21 not limited to, denial or revocation of coverage, or rate
22 increases, against a person licensed under this Act with
23 respect to coverage for services provided in Illinois if
24 based solely on the person providing, authorizing,
25 recommending, aiding, assisting, referring for, or
26 otherwise participating in health care services this State

1 in violation of another state's law, or a revocation or
2 other adverse action against the person's license in
3 another state for violation of such law if that health
4 care service as provided would have been lawful and
5 consistent with the standards of conduct for physicians if
6 it occurred in Illinois. Notwithstanding this provision,
7 it is against public policy to require coverage for an
8 illegal action.

9 (4) State's Attorneys. The State's Attorney of each
10 county shall report to the Medical Board, within 5 days,
11 any instances in which a person licensed under this Act is
12 convicted of any felony or Class A misdemeanor. ~~The~~
13 ~~State's Attorney of each county may report to the Medical~~
14 ~~Board through a verified complaint any instance in which~~
15 ~~the State's Attorney believes that a physician has~~
16 ~~willfully violated the notice requirements of the Parental~~
17 ~~Notice of Abortion Act of 1995.~~

18 (5) State agencies. All agencies, boards, commissions,
19 departments, or other instrumentalities of the government
20 of the State of Illinois shall report to the Medical Board
21 any instance arising in connection with the operations of
22 such agency, including the administration of any law by
23 such agency, in which a person licensed under this Act has
24 either committed an act or acts which may be a violation of
25 this Act or which may constitute unprofessional conduct
26 related directly to patient care or which indicates that a

1 person licensed under this Act may have a mental or
2 physical disability that may endanger patients under that
3 person's care.

4 (B) Mandatory reporting. All reports required by items
5 (34), (35), and (36) of subsection (A) of Section 22 and by
6 Section 23 shall be submitted to the Medical Board in a timely
7 fashion. Unless otherwise provided in this Section, the
8 reports shall be filed in writing within 60 days after a
9 determination that a report is required under this Act. All
10 reports shall contain the following information:

11 (1) The name, address and telephone number of the
12 person making the report.

13 (2) The name, address and telephone number of the
14 person who is the subject of the report.

15 (3) The name and date of birth of any patient or
16 patients whose treatment is a subject of the report, if
17 available, or other means of identification if such
18 information is not available, identification of the
19 hospital or other healthcare facility where the care at
20 issue in the report was rendered, provided, however, no
21 medical records may be revealed.

22 (4) A brief description of the facts which gave rise
23 to the issuance of the report, including the dates of any
24 occurrences deemed to necessitate the filing of the
25 report.

26 (5) If court action is involved, the identity of the

1 court in which the action is filed, along with the docket
2 number and date of filing of the action.

3 (6) Any further pertinent information which the
4 reporting party deems to be an aid in the evaluation of the
5 report.

6 The Medical Board or Department may also exercise the
7 power under Section 38 of this Act to subpoena copies of
8 hospital or medical records in mandatory report cases alleging
9 death or permanent bodily injury. Appropriate rules shall be
10 adopted by the Department with the approval of the Medical
11 Board.

12 When the Department has received written reports
13 concerning incidents required to be reported in items (34),
14 (35), and (36) of subsection (A) of Section 22, the licensee's
15 failure to report the incident to the Department under those
16 items shall not be the sole grounds for disciplinary action.

17 Nothing contained in this Section shall act to, in any
18 way, waive or modify the confidentiality of medical reports
19 and committee reports to the extent provided by law. Any
20 information reported or disclosed shall be kept for the
21 confidential use of the Medical Board, the Medical
22 Coordinators, the Medical Board's attorneys, the medical
23 investigative staff, and authorized clerical staff, as
24 provided in this Act, and shall be afforded the same status as
25 is provided information concerning medical studies in Part 21
26 of Article VIII of the Code of Civil Procedure, except that the

1 Department may disclose information and documents to a
2 federal, State, or local law enforcement agency pursuant to a
3 subpoena in an ongoing criminal investigation or to a health
4 care licensing body or medical licensing authority of this
5 State or another state or jurisdiction pursuant to an official
6 request made by that licensing body or medical licensing
7 authority. Furthermore, information and documents disclosed to
8 a federal, State, or local law enforcement agency may be used
9 by that agency only for the investigation and prosecution of a
10 criminal offense, or, in the case of disclosure to a health
11 care licensing body or medical licensing authority, only for
12 investigations and disciplinary action proceedings with regard
13 to a license. Information and documents disclosed to the
14 Department of Public Health may be used by that Department
15 only for investigation and disciplinary action regarding the
16 license of a health care institution licensed by the
17 Department of Public Health.

18 (C) Immunity from prosecution. Any individual or
19 organization acting in good faith, and not in a wilful and
20 wanton manner, in complying with this Act by providing any
21 report or other information to the Medical Board or a peer
22 review committee, or assisting in the investigation or
23 preparation of such information, or by voluntarily reporting
24 to the Medical Board or a peer review committee information
25 regarding alleged errors or negligence by a person licensed
26 under this Act, or by participating in proceedings of the

1 Medical Board or a peer review committee, or by serving as a
2 member of the Medical Board or a peer review committee, shall
3 not, as a result of such actions, be subject to criminal
4 prosecution or civil damages.

5 (D) Indemnification. Members of the Medical Board, the
6 Medical Coordinators, the Medical Board's attorneys, the
7 medical investigative staff, physicians retained under
8 contract to assist and advise the medical coordinators in the
9 investigation, and authorized clerical staff shall be
10 indemnified by the State for any actions occurring within the
11 scope of services on the Medical Board, done in good faith and
12 not wilful and wanton in nature. The Attorney General shall
13 defend all such actions unless he or she determines either
14 that there would be a conflict of interest in such
15 representation or that the actions complained of were not in
16 good faith or were wilful and wanton.

17 Should the Attorney General decline representation, the
18 member shall have the right to employ counsel of his or her
19 choice, whose fees shall be provided by the State, after
20 approval by the Attorney General, unless there is a
21 determination by a court that the member's actions were not in
22 good faith or were wilful and wanton.

23 The member must notify the Attorney General within 7 days
24 of receipt of notice of the initiation of any action involving
25 services of the Medical Board. Failure to so notify the
26 Attorney General shall constitute an absolute waiver of the

1 right to a defense and indemnification.

2 The Attorney General shall determine within 7 days after
3 receiving such notice, whether he or she will undertake to
4 represent the member.

5 (E) Deliberations of Medical Board. Upon the receipt of
6 any report called for by this Act, other than those reports of
7 impaired persons licensed under this Act required pursuant to
8 the rules of the Medical Board, the Medical Board shall notify
9 in writing, by mail or email, the person who is the subject of
10 the report. Such notification shall be made within 30 days of
11 receipt by the Medical Board of the report.

12 The notification shall include a written notice setting
13 forth the person's right to examine the report. Included in
14 such notification shall be the address at which the file is
15 maintained, the name of the custodian of the reports, and the
16 telephone number at which the custodian may be reached. The
17 person who is the subject of the report shall submit a written
18 statement responding, clarifying, adding to, or proposing the
19 amending of the report previously filed. The person who is the
20 subject of the report shall also submit with the written
21 statement any medical records related to the report. The
22 statement and accompanying medical records shall become a
23 permanent part of the file and must be received by the Medical
24 Board no more than 30 days after the date on which the person
25 was notified by the Medical Board of the existence of the
26 original report.

1 The Medical Board shall review all reports received by it,
2 together with any supporting information and responding
3 statements submitted by persons who are the subject of
4 reports. The review by the Medical Board shall be in a timely
5 manner but in no event, shall the Medical Board's initial
6 review of the material contained in each disciplinary file be
7 less than 61 days nor more than 180 days after the receipt of
8 the initial report by the Medical Board.

9 When the Medical Board makes its initial review of the
10 materials contained within its disciplinary files, the Medical
11 Board shall, in writing, make a determination as to whether
12 there are sufficient facts to warrant further investigation or
13 action. Failure to make such determination within the time
14 provided shall be deemed to be a determination that there are
15 not sufficient facts to warrant further investigation or
16 action.

17 Should the Medical Board find that there are not
18 sufficient facts to warrant further investigation, or action,
19 the report shall be accepted for filing and the matter shall be
20 deemed closed and so reported to the Secretary. The Secretary
21 shall then have 30 days to accept the Medical Board's decision
22 or request further investigation. The Secretary shall inform
23 the Medical Board of the decision to request further
24 investigation, including the specific reasons for the
25 decision. The individual or entity filing the original report
26 or complaint and the person who is the subject of the report or

1 complaint shall be notified in writing by the Secretary of any
2 final action on their report or complaint. The Department
3 shall disclose to the individual or entity who filed the
4 original report or complaint, on request, the status of the
5 Medical Board's review of a specific report or complaint. Such
6 request may be made at any time, including prior to the Medical
7 Board's determination as to whether there are sufficient facts
8 to warrant further investigation or action.

9 (F) Summary reports. The Medical Board shall prepare, on a
10 timely basis, but in no event less than once every other month,
11 a summary report of final disciplinary actions taken upon
12 disciplinary files maintained by the Medical Board. The
13 summary reports shall be made available to the public upon
14 request and payment of the fees set by the Department. This
15 publication may be made available to the public on the
16 Department's website. Information or documentation relating to
17 any disciplinary file that is closed without disciplinary
18 action taken shall not be disclosed and shall be afforded the
19 same status as is provided by Part 21 of Article VIII of the
20 Code of Civil Procedure.

21 (G) Any violation of this Section shall be a Class A
22 misdemeanor.

23 (H) If any such person violates the provisions of this
24 Section an action may be brought in the name of the People of
25 the State of Illinois, through the Attorney General of the
26 State of Illinois, for an order enjoining such violation or

1 for an order enforcing compliance with this Section. Upon
2 filing of a verified petition in such court, the court may
3 issue a temporary restraining order without notice or bond and
4 may preliminarily or permanently enjoin such violation, and if
5 it is established that such person has violated or is
6 violating the injunction, the court may punish the offender
7 for contempt of court. Proceedings under this paragraph shall
8 be in addition to, and not in lieu of, all other remedies and
9 penalties provided for by this Section.

10 (I) The Department may adopt rules to implement the
11 changes made by this amendatory Act of the 102nd General
12 Assembly.

13 (Source: P.A. 102-20, eff. 1-1-22; 102-687, eff. 12-17-21.)

14 Section 9-10. The Nurse Practice Act is amended by
15 changing Sections 65-65 and 70-5 as follows:

16 (225 ILCS 65/65-65) (was 225 ILCS 65/15-55)

17 (Section scheduled to be repealed on January 1, 2028)

18 Sec. 65-65. Reports relating to APRN professional conduct
19 and capacity.

20 (a) Entities Required to Report.

21 (1) Health Care Institutions. The chief administrator
22 or executive officer of a health care institution licensed
23 by the Department of Public Health, which provides the
24 minimum due process set forth in Section 10.4 of the

1 Hospital Licensing Act, shall report to the Board when an
2 advanced practice registered nurse's organized
3 professional staff clinical privileges are terminated or
4 are restricted based on a final determination, in
5 accordance with that institution's bylaws or rules and
6 regulations, that (i) a person has either committed an act
7 or acts that may directly threaten patient care and that
8 are not of an administrative nature or (ii) that a person
9 may have a mental or physical disability that may endanger
10 patients under that person's care. The chief administrator
11 or officer shall also report if an advanced practice
12 registered nurse accepts voluntary termination or
13 restriction of clinical privileges in lieu of formal
14 action based upon conduct related directly to patient care
15 and not of an administrative nature, or in lieu of formal
16 action seeking to determine whether a person may have a
17 mental or physical disability that may endanger patients
18 under that person's care. The Department shall provide by
19 rule for the reporting to it of all instances in which a
20 person licensed under this Article, who is impaired by
21 reason of age, drug, or alcohol abuse or physical or
22 mental impairment, is under supervision and, where
23 appropriate, is in a program of rehabilitation. Reports
24 submitted under this subsection shall be strictly
25 confidential and may be reviewed and considered only by
26 the members of the Board or authorized staff as provided

1 by rule of the Department. Provisions shall be made for
2 the periodic report of the status of any such reported
3 person not less than twice annually in order that the
4 Board shall have current information upon which to
5 determine the status of that person. Initial and periodic
6 reports of impaired advanced practice registered nurses
7 shall not be considered records within the meaning of the
8 State Records Act and shall be disposed of, following a
9 determination by the Board that such reports are no longer
10 required, in a manner and at an appropriate time as the
11 Board shall determine by rule. The filing of reports
12 submitted under this subsection shall be construed as the
13 filing of a report for purposes of subsection (c) of this
14 Section.

15 (2) Professional Associations. The President or chief
16 executive officer of an association or society of persons
17 licensed under this Article, operating within this State,
18 shall report to the Board when the association or society
19 renders a final determination that a person licensed under
20 this Article has committed unprofessional conduct related
21 directly to patient care or that a person may have a mental
22 or physical disability that may endanger patients under
23 the person's care.

24 (3) Professional Liability Insurers. Every insurance
25 company that offers policies of professional liability
26 insurance to persons licensed under this Article, or any

1 other entity that seeks to indemnify the professional
2 liability of a person licensed under this Article, shall
3 report to the Board the settlement of any claim or cause of
4 action, or final judgment rendered in any cause of action,
5 that alleged negligence in the furnishing of patient care
6 by the licensee when the settlement or final judgment is
7 in favor of the plaintiff. Such insurance company shall
8 not take any adverse action, including, but not limited
9 to, denial or revocation of coverage, or rate increases,
10 against a person licensed under this Act with respect to
11 coverage for services provided in Illinois if based solely
12 on the person providing, authorizing, recommending,
13 aiding, assisting, referring for, or otherwise
14 participating in health care services this State in
15 violation of another state's law, or a revocation or other
16 adverse action against the person's license in another
17 state for violation of such law if that health care
18 service as provided would have been lawful and consistent
19 with the standards of conduct for physicians if it
20 occurred in Illinois. Notwithstanding this provision, it
21 is against public policy to require coverage for an
22 illegal action.

23 (4) State's Attorneys. The State's Attorney of each
24 county shall report to the Board all instances in which a
25 person licensed under this Article is convicted or
26 otherwise found guilty of the commission of a felony.

1 (5) State Agencies. All agencies, boards, commissions,
2 departments, or other instrumentalities of the government
3 of this State shall report to the Board any instance
4 arising in connection with the operations of the agency,
5 including the administration of any law by the agency, in
6 which a person licensed under this Article has either
7 committed an act or acts that may constitute a violation
8 of this Article, that may constitute unprofessional
9 conduct related directly to patient care, or that
10 indicates that a person licensed under this Article may
11 have a mental or physical disability that may endanger
12 patients under that person's care.

13 (b) Mandatory Reporting. All reports required under items
14 (16) and (17) of subsection (a) of Section 70-5 shall be
15 submitted to the Board in a timely fashion. The reports shall
16 be filed in writing within 60 days after a determination that a
17 report is required under this Article. All reports shall
18 contain the following information:

19 (1) The name, address, and telephone number of the
20 person making the report.

21 (2) The name, address, and telephone number of the
22 person who is the subject of the report.

23 (3) The name or other means of identification of any
24 patient or patients whose treatment is a subject of the
25 report, except that no medical records may be revealed
26 without the written consent of the patient or patients.

1 (4) A brief description of the facts that gave rise to
2 the issuance of the report, including, but not limited to,
3 the dates of any occurrences deemed to necessitate the
4 filing of the report.

5 (5) If court action is involved, the identity of the
6 court in which the action is filed, the docket number, and
7 date of filing of the action.

8 (6) Any further pertinent information that the
9 reporting party deems to be an aid in the evaluation of the
10 report.

11 Nothing contained in this Section shall be construed to in
12 any way waive or modify the confidentiality of medical reports
13 and committee reports to the extent provided by law. Any
14 information reported or disclosed shall be kept for the
15 confidential use of the Board, the Board's attorneys, the
16 investigative staff, and authorized clerical staff and shall
17 be afforded the same status as is provided information
18 concerning medical studies in Part 21 of Article VIII of the
19 Code of Civil Procedure.

20 (c) Immunity from Prosecution. An individual or
21 organization acting in good faith, and not in a willful and
22 wanton manner, in complying with this Section by providing a
23 report or other information to the Board, by assisting in the
24 investigation or preparation of a report or information, by
25 participating in proceedings of the Board, or by serving as a
26 member of the Board shall not, as a result of such actions, be

1 subject to criminal prosecution or civil damages.

2 (d) Indemnification. Members of the Board, the Board's
3 attorneys, the investigative staff, advanced practice
4 registered nurses or physicians retained under contract to
5 assist and advise in the investigation, and authorized
6 clerical staff shall be indemnified by the State for any
7 actions (i) occurring within the scope of services on the
8 Board, (ii) performed in good faith, and (iii) not willful and
9 wanton in nature. The Attorney General shall defend all
10 actions taken against those persons unless he or she
11 determines either that there would be a conflict of interest
12 in the representation or that the actions complained of were
13 not performed in good faith or were willful and wanton in
14 nature. If the Attorney General declines representation, the
15 member shall have the right to employ counsel of his or her
16 choice, whose fees shall be provided by the State, after
17 approval by the Attorney General, unless there is a
18 determination by a court that the member's actions were not
19 performed in good faith or were willful and wanton in nature.
20 The member shall notify the Attorney General within 7 days of
21 receipt of notice of the initiation of an action involving
22 services of the Board. Failure to so notify the Attorney
23 General shall constitute an absolute waiver of the right to a
24 defense and indemnification. The Attorney General shall
25 determine within 7 days after receiving the notice whether he
26 or she will undertake to represent the member.

1 (e) Deliberations of Board. Upon the receipt of a report
2 called for by this Section, other than those reports of
3 impaired persons licensed under this Article required pursuant
4 to the rules of the Board, the Board shall notify in writing by
5 certified or registered mail or by email to the email address
6 of record the person who is the subject of the report. The
7 notification shall be made within 30 days of receipt by the
8 Board of the report. The notification shall include a written
9 notice setting forth the person's right to examine the report.
10 Included in the notification shall be the address at which the
11 file is maintained, the name of the custodian of the reports,
12 and the telephone number at which the custodian may be
13 reached. The person who is the subject of the report shall
14 submit a written statement responding to, clarifying, adding
15 to, or proposing to amend the report previously filed. The
16 statement shall become a permanent part of the file and shall
17 be received by the Board no more than 30 days after the date on
18 which the person was notified of the existence of the original
19 report. The Board shall review all reports received by it and
20 any supporting information and responding statements submitted
21 by persons who are the subject of reports. The review by the
22 Board shall be in a timely manner but in no event shall the
23 Board's initial review of the material contained in each
24 disciplinary file be less than 61 days nor more than 180 days
25 after the receipt of the initial report by the Board. When the
26 Board makes its initial review of the materials contained

1 within its disciplinary files, the Board shall, in writing,
2 make a determination as to whether there are sufficient facts
3 to warrant further investigation or action. Failure to make
4 that determination within the time provided shall be deemed to
5 be a determination that there are not sufficient facts to
6 warrant further investigation or action. Should the Board find
7 that there are not sufficient facts to warrant further
8 investigation or action, the report shall be accepted for
9 filing and the matter shall be deemed closed and so reported.
10 The individual or entity filing the original report or
11 complaint and the person who is the subject of the report or
12 complaint shall be notified in writing by the Board of any
13 final action on their report or complaint.

14 (f) (Blank).

15 (g) Any violation of this Section shall constitute a Class
16 A misdemeanor.

17 (h) If a person violates the provisions of this Section,
18 an action may be brought in the name of the People of the State
19 of Illinois, through the Attorney General of the State of
20 Illinois, for an order enjoining the violation or for an order
21 enforcing compliance with this Section. Upon filing of a
22 petition in court, the court may issue a temporary restraining
23 order without notice or bond and may preliminarily or
24 permanently enjoin the violation, and if it is established
25 that the person has violated or is violating the injunction,
26 the court may punish the offender for contempt of court.

1 Proceedings under this subsection shall be in addition to, and
2 not in lieu of, all other remedies and penalties provided for
3 by this Section.

4 (i) The Department may adopt rules to implement the
5 changes made by this amendatory Act of the 102nd General
6 Assembly.

7 (Source: P.A. 99-143, eff. 7-27-15; 100-513, eff. 1-1-18.)

8 (225 ILCS 65/70-5) (was 225 ILCS 65/10-45)

9 (Section scheduled to be repealed on January 1, 2028)

10 Sec. 70-5. Grounds for disciplinary action.

11 (a) The Department may refuse to issue or to renew, or may
12 revoke, suspend, place on probation, reprimand, or take other
13 disciplinary or non-disciplinary action as the Department may
14 deem appropriate, including fines not to exceed \$10,000 per
15 violation, with regard to a license for any one or combination
16 of the causes set forth in subsection (b) below. All fines
17 collected under this Section shall be deposited in the Nursing
18 Dedicated and Professional Fund.

19 (b) Grounds for disciplinary action include the following:

20 (1) Material deception in furnishing information to
21 the Department.

22 (2) Material violations of any provision of this Act
23 or violation of the rules of or final administrative
24 action of the Secretary, after consideration of the
25 recommendation of the Board.

1 (3) Conviction by plea of guilty or nolo contendere,
2 finding of guilt, jury verdict, or entry of judgment or by
3 sentencing of any crime, including, but not limited to,
4 convictions, preceding sentences of supervision,
5 conditional discharge, or first offender probation, under
6 the laws of any jurisdiction of the United States: (i)
7 that is a felony; or (ii) that is a misdemeanor, an
8 essential element of which is dishonesty, or that is
9 directly related to the practice of the profession.

10 (4) A pattern of practice or other behavior which
11 demonstrates incapacity or incompetency to practice under
12 this Act.

13 (5) Knowingly aiding or assisting another person in
14 violating any provision of this Act or rules.

15 (6) Failing, within 90 days, to provide a response to
16 a request for information in response to a written request
17 made by the Department by certified or registered mail or
18 by email to the email address of record.

19 (7) Engaging in dishonorable, unethical or
20 unprofessional conduct of a character likely to deceive,
21 defraud or harm the public, as defined by rule.

22 (8) Unlawful taking, theft, selling, distributing, or
23 manufacturing of any drug, narcotic, or prescription
24 device.

25 (9) Habitual or excessive use or addiction to alcohol,
26 narcotics, stimulants, or any other chemical agent or drug

1 that could result in a licensee's inability to practice
2 with reasonable judgment, skill or safety.

3 (10) Discipline by another U.S. jurisdiction or
4 foreign nation, if at least one of the grounds for the
5 discipline is the same or substantially equivalent to
6 those set forth in this Section.

7 (11) A finding that the licensee, after having her or
8 his license placed on probationary status or subject to
9 conditions or restrictions, has violated the terms of
10 probation or failed to comply with such terms or
11 conditions.

12 (12) Being named as a perpetrator in an indicated
13 report by the Department of Children and Family Services
14 and under the Abused and Neglected Child Reporting Act,
15 and upon proof by clear and convincing evidence that the
16 licensee has caused a child to be an abused child or
17 neglected child as defined in the Abused and Neglected
18 Child Reporting Act.

19 (13) Willful omission to file or record, or willfully
20 impeding the filing or recording or inducing another
21 person to omit to file or record medical reports as
22 required by law.

23 (13.5) Willfully failing to report an instance of
24 suspected child abuse or neglect as required by the Abused
25 and Neglected Child Reporting Act.

26 (14) Gross negligence in the practice of practical,

1 professional, or advanced practice registered nursing.

2 (15) Holding oneself out to be practicing nursing
3 under any name other than one's own.

4 (16) Failure of a licensee to report to the Department
5 any adverse final action taken against him or her by
6 another licensing jurisdiction of the United States or any
7 foreign state or country, any peer review body, any health
8 care institution, any professional or nursing society or
9 association, any governmental agency, any law enforcement
10 agency, or any court or a nursing liability claim related
11 to acts or conduct similar to acts or conduct that would
12 constitute grounds for action as defined in this Section.

13 (17) Failure of a licensee to report to the Department
14 surrender by the licensee of a license or authorization to
15 practice nursing or advanced practice registered nursing
16 in another state or jurisdiction or current surrender by
17 the licensee of membership on any nursing staff or in any
18 nursing or advanced practice registered nursing or
19 professional association or society while under
20 disciplinary investigation by any of those authorities or
21 bodies for acts or conduct similar to acts or conduct that
22 would constitute grounds for action as defined by this
23 Section.

24 (18) Failing, within 60 days, to provide information
25 in response to a written request made by the Department.

26 (19) Failure to establish and maintain records of

1 patient care and treatment as required by law.

2 (20) Fraud, deceit or misrepresentation in applying
3 for or procuring a license under this Act or in connection
4 with applying for renewal of a license under this Act.

5 (21) Allowing another person or organization to use
6 the licensee's license to deceive the public.

7 (22) Willfully making or filing false records or
8 reports in the licensee's practice, including but not
9 limited to false records to support claims against the
10 medical assistance program of the Department of Healthcare
11 and Family Services (formerly Department of Public Aid)
12 under the Illinois Public Aid Code.

13 (23) Attempting to subvert or cheat on a licensing
14 examination administered under this Act.

15 (24) Immoral conduct in the commission of an act,
16 including, but not limited to, sexual abuse, sexual
17 misconduct, or sexual exploitation, related to the
18 licensee's practice.

19 (25) Willfully or negligently violating the
20 confidentiality between nurse and patient except as
21 required by law.

22 (26) Practicing under a false or assumed name, except
23 as provided by law.

24 (27) The use of any false, fraudulent, or deceptive
25 statement in any document connected with the licensee's
26 practice.

1 (28) Directly or indirectly giving to or receiving
2 from a person, firm, corporation, partnership, or
3 association a fee, commission, rebate, or other form of
4 compensation for professional services not actually or
5 personally rendered. Nothing in this paragraph (28)
6 affects any bona fide independent contractor or employment
7 arrangements among health care professionals, health
8 facilities, health care providers, or other entities,
9 except as otherwise prohibited by law. Any employment
10 arrangements may include provisions for compensation,
11 health insurance, pension, or other employment benefits
12 for the provision of services within the scope of the
13 licensee's practice under this Act. Nothing in this
14 paragraph (28) shall be construed to require an employment
15 arrangement to receive professional fees for services
16 rendered.

17 (29) A violation of the Health Care Worker
18 Self-Referral Act.

19 (30) Physical illness, mental illness, or disability
20 that results in the inability to practice the profession
21 with reasonable judgment, skill, or safety.

22 (31) Exceeding the terms of a collaborative agreement
23 or the prescriptive authority delegated to a licensee by
24 his or her collaborating physician or podiatric physician
25 in guidelines established under a written collaborative
26 agreement.

1 (32) Making a false or misleading statement regarding
2 a licensee's skill or the efficacy or value of the
3 medicine, treatment, or remedy prescribed by him or her in
4 the course of treatment.

5 (33) Prescribing, selling, administering,
6 distributing, giving, or self-administering a drug
7 classified as a controlled substance (designated product)
8 or narcotic for other than medically accepted therapeutic
9 purposes.

10 (34) Promotion of the sale of drugs, devices,
11 appliances, or goods provided for a patient in a manner to
12 exploit the patient for financial gain.

13 (35) Violating State or federal laws, rules, or
14 regulations relating to controlled substances.

15 (36) Willfully or negligently violating the
16 confidentiality between an advanced practice registered
17 nurse, collaborating physician, dentist, or podiatric
18 physician and a patient, except as required by law.

19 (37) Willfully failing to report an instance of
20 suspected abuse, neglect, financial exploitation, or
21 self-neglect of an eligible adult as defined in and
22 required by the Adult Protective Services Act.

23 (38) Being named as an abuser in a verified report by
24 the Department on Aging and under the Adult Protective
25 Services Act, and upon proof by clear and convincing
26 evidence that the licensee abused, neglected, or

1 financially exploited an eligible adult as defined in the
2 Adult Protective Services Act.

3 (39) A violation of any provision of this Act or any
4 rules adopted under this Act.

5 (40) Violating the Compassionate Use of Medical
6 Cannabis Program Act.

7 (b-1) The Department shall not revoke, suspend, summarily
8 suspend, place on prohibition, reprimand, refuse to issue or
9 renew, or take any other disciplinary or non-disciplinary
10 action against the license or permit issued under this Act to
11 practice as a registered nurse or an advanced practice
12 registered nurse based solely upon the registered nurse or
13 advanced practice registered nurse providing, authorizing,
14 recommending, aiding, assisting, referring for, or otherwise
15 participating in any health care service, so long as the care
16 was otherwise performed in accordance with the laws of this
17 State, regardless of whether the patient was a resident of
18 this State or another state.

19 (b-2) The Department shall not revoke, suspend, summarily
20 suspend, place on prohibition, reprimand, refuse to issue or
21 renew, or take any other disciplinary or non-disciplinary
22 action against the license or permit issued under this Act to
23 practice as a registered nurse or an advanced practice
24 registered nurse based upon the registered nurse's or advanced
25 practice registered nurse's license being revoked or
26 suspended, or the registered nurse or advanced practice

1 registered nurse being otherwise disciplined by any other
2 state, if that revocation, suspension, or other form of
3 discipline was based solely on the registered nurse or
4 advanced practice registered nurse violating another state's
5 laws prohibiting the provision of, authorization of,
6 recommendation of, aiding or assisting in, referring for, or
7 participation in any health care service if that health care
8 service as provided would have been lawful and consistent with
9 the standards of conduct for the registered nurse or advanced
10 practice registered nurse if it occurred in Illinois.

11 (b-3) The conduct specified in subsection (b-1) or (b-2)
12 shall not trigger reporting requirements under Section 65-65
13 or constitute grounds for suspension under Section 70-60.

14 (b-4) An applicant seeking licensure, certification, or
15 authorization pursuant to this Act who has been subject to
16 disciplinary action by a duly authorized professional
17 disciplinary agency of another jurisdiction solely on the
18 basis of having provided, authorized, recommended, aided,
19 assisted, referred for, or otherwise participated in health
20 care shall not be denied such licensure, certification, or
21 authorization, unless the Department determines that such
22 action would have constituted professional misconduct in this
23 State; provided however, that nothing in this Section shall be
24 construed as prohibiting the Department from evaluating the
25 conduct of such applicant and making a determination regarding
26 the licensure, certification, or authorization to practice a

1 profession under this Act.

2 (c) The determination by a circuit court that a licensee
3 is subject to involuntary admission or judicial admission as
4 provided in the Mental Health and Developmental Disabilities
5 Code, as amended, operates as an automatic suspension. The
6 suspension will end only upon a finding by a court that the
7 patient is no longer subject to involuntary admission or
8 judicial admission and issues an order so finding and
9 discharging the patient; and upon the recommendation of the
10 Board to the Secretary that the licensee be allowed to resume
11 his or her practice.

12 (d) The Department may refuse to issue or may suspend or
13 otherwise discipline the license of any person who fails to
14 file a return, or to pay the tax, penalty or interest shown in
15 a filed return, or to pay any final assessment of the tax,
16 penalty, or interest as required by any tax Act administered
17 by the Department of Revenue, until such time as the
18 requirements of any such tax Act are satisfied.

19 (e) In enforcing this Act, the Department, upon a showing
20 of a possible violation, may compel an individual licensed to
21 practice under this Act or who has applied for licensure under
22 this Act, to submit to a mental or physical examination, or
23 both, as required by and at the expense of the Department. The
24 Department may order the examining physician to present
25 testimony concerning the mental or physical examination of the
26 licensee or applicant. No information shall be excluded by

1 reason of any common law or statutory privilege relating to
2 communications between the licensee or applicant and the
3 examining physician. The examining physicians shall be
4 specifically designated by the Department. The individual to
5 be examined may have, at his or her own expense, another
6 physician of his or her choice present during all aspects of
7 this examination. Failure of an individual to submit to a
8 mental or physical examination, when directed, shall result in
9 an automatic suspension without hearing.

10 All substance-related violations shall mandate an
11 automatic substance abuse assessment. Failure to submit to an
12 assessment by a licensed physician who is certified as an
13 addictionist or an advanced practice registered nurse with
14 specialty certification in addictions may be grounds for an
15 automatic suspension, as defined by rule.

16 If the Department finds an individual unable to practice
17 or unfit for duty because of the reasons set forth in this
18 subsection (e), the Department may require that individual to
19 submit to a substance abuse evaluation or treatment by
20 individuals or programs approved or designated by the
21 Department, as a condition, term, or restriction for
22 continued, restored, or renewed licensure to practice; or, in
23 lieu of evaluation or treatment, the Department may file, or
24 the Board may recommend to the Department to file, a complaint
25 to immediately suspend, revoke, or otherwise discipline the
26 license of the individual. An individual whose license was

1 granted, continued, restored, renewed, disciplined or
2 supervised subject to such terms, conditions, or restrictions,
3 and who fails to comply with such terms, conditions, or
4 restrictions, shall be referred to the Secretary for a
5 determination as to whether the individual shall have his or
6 her license suspended immediately, pending a hearing by the
7 Department.

8 In instances in which the Secretary immediately suspends a
9 person's license under this subsection (e), a hearing on that
10 person's license must be convened by the Department within 15
11 days after the suspension and completed without appreciable
12 delay. The Department and Board shall have the authority to
13 review the subject individual's record of treatment and
14 counseling regarding the impairment to the extent permitted by
15 applicable federal statutes and regulations safeguarding the
16 confidentiality of medical records.

17 An individual licensed under this Act and affected under
18 this subsection (e) shall be afforded an opportunity to
19 demonstrate to the Department that he or she can resume
20 practice in compliance with nursing standards under the
21 provisions of his or her license.

22 (f) The Department may adopt rules to implement the
23 changes made by this amendatory Act of the 102nd General
24 Assembly.

25 (Source: P.A. 101-363, eff. 8-9-19; 102-558, eff. 8-20-21.)

1 Section 9-15. The Physician Assistant Practice Act of 1987
2 is amended by changing Section 21 as follows:

3 (225 ILCS 95/21) (from Ch. 111, par. 4621)

4 (Section scheduled to be repealed on January 1, 2028)

5 Sec. 21. Grounds for disciplinary action.

6 (a) The Department may refuse to issue or to renew, or may
7 revoke, suspend, place on probation, reprimand, or take other
8 disciplinary or non-disciplinary action with regard to any
9 license issued under this Act as the Department may deem
10 proper, including the issuance of fines not to exceed \$10,000
11 for each violation, for any one or combination of the
12 following causes:

13 (1) Material misstatement in furnishing information to
14 the Department.

15 (2) Violations of this Act, or the rules adopted under
16 this Act.

17 (3) Conviction by plea of guilty or nolo contendere,
18 finding of guilt, jury verdict, or entry of judgment or
19 sentencing, including, but not limited to, convictions,
20 preceding sentences of supervision, conditional discharge,
21 or first offender probation, under the laws of any
22 jurisdiction of the United States that is: (i) a felony;
23 or (ii) a misdemeanor, an essential element of which is
24 dishonesty, or that is directly related to the practice of
25 the profession.

1 (4) Making any misrepresentation for the purpose of
2 obtaining licenses.

3 (5) Professional incompetence.

4 (6) Aiding or assisting another person in violating
5 any provision of this Act or its rules.

6 (7) Failing, within 60 days, to provide information in
7 response to a written request made by the Department.

8 (8) Engaging in dishonorable, unethical, or
9 unprofessional conduct, as defined by rule, of a character
10 likely to deceive, defraud, or harm the public.

11 (9) Habitual or excessive use or addiction to alcohol,
12 narcotics, stimulants, or any other chemical agent or drug
13 that results in a physician assistant's inability to
14 practice with reasonable judgment, skill, or safety.

15 (10) Discipline by another U.S. jurisdiction or
16 foreign nation, if at least one of the grounds for
17 discipline is the same or substantially equivalent to
18 those set forth in this Section.

19 (11) Directly or indirectly giving to or receiving
20 from any person, firm, corporation, partnership, or
21 association any fee, commission, rebate or other form of
22 compensation for any professional services not actually or
23 personally rendered. Nothing in this paragraph (11)
24 affects any bona fide independent contractor or employment
25 arrangements, which may include provisions for
26 compensation, health insurance, pension, or other

1 employment benefits, with persons or entities authorized
2 under this Act for the provision of services within the
3 scope of the licensee's practice under this Act.

4 (12) A finding by the Disciplinary Board that the
5 licensee, after having his or her license placed on
6 probationary status, has violated the terms of probation.

7 (13) Abandonment of a patient.

8 (14) Willfully making or filing false records or
9 reports in his or her practice, including but not limited
10 to false records filed with State ~~state~~ agencies or
11 departments.

12 (15) Willfully failing to report an instance of
13 suspected child abuse or neglect as required by the Abused
14 and Neglected Child Reporting Act.

15 (16) Physical illness, or mental illness or impairment
16 that results in the inability to practice the profession
17 with reasonable judgment, skill, or safety, including, but
18 not limited to, deterioration through the aging process or
19 loss of motor skill.

20 (17) Being named as a perpetrator in an indicated
21 report by the Department of Children and Family Services
22 under the Abused and Neglected Child Reporting Act, and
23 upon proof by clear and convincing evidence that the
24 licensee has caused a child to be an abused child or
25 neglected child as defined in the Abused and Neglected
26 Child Reporting Act.

1 (18) (Blank).

2 (19) Gross negligence resulting in permanent injury or
3 death of a patient.

4 (20) Employment of fraud, deception or any unlawful
5 means in applying for or securing a license as a physician
6 assistant.

7 (21) Exceeding the authority delegated to him or her
8 by his or her collaborating physician in a written
9 collaborative agreement.

10 (22) Immoral conduct in the commission of any act,
11 such as sexual abuse, sexual misconduct, or sexual
12 exploitation related to the licensee's practice.

13 (23) Violation of the Health Care Worker Self-Referral
14 Act.

15 (24) Practicing under a false or assumed name, except
16 as provided by law.

17 (25) Making a false or misleading statement regarding
18 his or her skill or the efficacy or value of the medicine,
19 treatment, or remedy prescribed by him or her in the
20 course of treatment.

21 (26) Allowing another person to use his or her license
22 to practice.

23 (27) Prescribing, selling, administering,
24 distributing, giving, or self-administering a drug
25 classified as a controlled substance for other than
26 medically accepted therapeutic purposes.

1 (28) Promotion of the sale of drugs, devices,
2 appliances, or goods provided for a patient in a manner to
3 exploit the patient for financial gain.

4 (29) A pattern of practice or other behavior that
5 demonstrates incapacity or incompetence to practice under
6 this Act.

7 (30) Violating State or federal laws or regulations
8 relating to controlled substances or other legend drugs or
9 ephedra as defined in the Ephedra Prohibition Act.

10 (31) Exceeding the prescriptive authority delegated by
11 the collaborating physician or violating the written
12 collaborative agreement delegating that authority.

13 (32) Practicing without providing to the Department a
14 notice of collaboration or delegation of prescriptive
15 authority.

16 (33) Failure to establish and maintain records of
17 patient care and treatment as required by law.

18 (34) Attempting to subvert or cheat on the examination
19 of the National Commission on Certification of Physician
20 Assistants or its successor agency.

21 (35) Willfully or negligently violating the
22 confidentiality between physician assistant and patient,
23 except as required by law.

24 (36) Willfully failing to report an instance of
25 suspected abuse, neglect, financial exploitation, or
26 self-neglect of an eligible adult as defined in and

1 required by the Adult Protective Services Act.

2 (37) Being named as an abuser in a verified report by
3 the Department on Aging under the Adult Protective
4 Services Act and upon proof by clear and convincing
5 evidence that the licensee abused, neglected, or
6 financially exploited an eligible adult as defined in the
7 Adult Protective Services Act.

8 (38) Failure to report to the Department an adverse
9 final action taken against him or her by another licensing
10 jurisdiction of the United States or a foreign state or
11 country, a peer review body, a health care institution, a
12 professional society or association, a governmental
13 agency, a law enforcement agency, or a court acts or
14 conduct similar to acts or conduct that would constitute
15 grounds for action under this Section.

16 (39) Failure to provide copies of records of patient
17 care or treatment, except as required by law.

18 (40) Entering into an excessive number of written
19 collaborative agreements with licensed physicians
20 resulting in an inability to adequately collaborate.

21 (41) Repeated failure to adequately collaborate with a
22 collaborating physician.

23 (42) Violating the Compassionate Use of Medical
24 Cannabis Program Act.

25 (b) The Department may, without a hearing, refuse to issue
26 or renew or may suspend the license of any person who fails to

1 file a return, or to pay the tax, penalty or interest shown in
2 a filed return, or to pay any final assessment of the tax,
3 penalty, or interest as required by any tax Act administered
4 by the Illinois Department of Revenue, until such time as the
5 requirements of any such tax Act are satisfied.

6 (b-1) The Department shall not revoke, suspend, summarily
7 suspend, place on prohibition, reprimand, refuse to issue or
8 renew, or take any other disciplinary or non-disciplinary
9 action against the license or permit issued under this Act to
10 practice as a physician assistant based solely upon the
11 physician assistant providing, authorizing, recommending,
12 aiding, assisting, referring for, or otherwise participating
13 in any health care service, so long as the care was otherwise
14 performed in accordance with the laws of this State,
15 regardless of whether the patient was a resident of this State
16 or another state.

17 (b-2) The Department shall not revoke, suspend, summarily
18 suspend, place on prohibition, reprimand, refuse to issue or
19 renew, or take any other disciplinary or non-disciplinary
20 action against the license or permit issued under this Act to
21 practice as a physician assistant based upon the physician
22 assistant's license being revoked or suspended, or the
23 physician assistant being otherwise disciplined by any other
24 state, if that revocation, suspension, or other form of
25 discipline was based solely on the physician assistant
26 violating another state's laws prohibiting the provision of,

1 authorization of, recommendation of, aiding or assisting in,
2 referring for, or participation in any health care service if
3 that health care service as provided would have been lawful
4 and consistent with the standards of conduct for the physician
5 assistant if it occurred in Illinois.

6 (b-3) The conduct specified in subsection (b-1) or (b-2)
7 shall not constitute grounds for suspension under Section
8 22.13.

9 (b-4) An applicant seeking licensure, certification, or
10 authorization pursuant to this Act who has been subject to
11 disciplinary action by a duly authorized professional
12 disciplinary agency of another jurisdiction solely on the
13 basis of having provided, authorized, recommended, aided,
14 assisted, referred for, or otherwise participated in health
15 care shall not be denied such licensure, certification, or
16 authorization, unless the Department determines that such
17 action would have constituted professional misconduct in this
18 State; provided however, that nothing in this Section shall be
19 construed as prohibiting the Department from evaluating the
20 conduct of such applicant and making a determination regarding
21 the licensure, certification, or authorization to practice a
22 profession under this Act.

23 (c) The determination by a circuit court that a licensee
24 is subject to involuntary admission or judicial admission as
25 provided in the Mental Health and Developmental Disabilities
26 Code operates as an automatic suspension. The suspension will

1 end only upon a finding by a court that the patient is no
2 longer subject to involuntary admission or judicial admission
3 and issues an order so finding and discharging the patient,
4 and upon the recommendation of the Disciplinary Board to the
5 Secretary that the licensee be allowed to resume his or her
6 practice.

7 (d) In enforcing this Section, the Department upon a
8 showing of a possible violation may compel an individual
9 licensed to practice under this Act, or who has applied for
10 licensure under this Act, to submit to a mental or physical
11 examination, or both, which may include a substance abuse or
12 sexual offender evaluation, as required by and at the expense
13 of the Department.

14 The Department shall specifically designate the examining
15 physician licensed to practice medicine in all of its branches
16 or, if applicable, the multidisciplinary team involved in
17 providing the mental or physical examination or both. The
18 multidisciplinary team shall be led by a physician licensed to
19 practice medicine in all of its branches and may consist of one
20 or more or a combination of physicians licensed to practice
21 medicine in all of its branches, licensed clinical
22 psychologists, licensed clinical social workers, licensed
23 clinical professional counselors, and other professional and
24 administrative staff. Any examining physician or member of the
25 multidisciplinary team may require any person ordered to
26 submit to an examination pursuant to this Section to submit to

1 any additional supplemental testing deemed necessary to
2 complete any examination or evaluation process, including, but
3 not limited to, blood testing, urinalysis, psychological
4 testing, or neuropsychological testing.

5 The Department may order the examining physician or any
6 member of the multidisciplinary team to provide to the
7 Department any and all records, including business records,
8 that relate to the examination and evaluation, including any
9 supplemental testing performed.

10 The Department may order the examining physician or any
11 member of the multidisciplinary team to present testimony
12 concerning the mental or physical examination of the licensee
13 or applicant. No information, report, record, or other
14 documents in any way related to the examination shall be
15 excluded by reason of any common law or statutory privilege
16 relating to communications between the licensee or applicant
17 and the examining physician or any member of the
18 multidisciplinary team. No authorization is necessary from the
19 licensee or applicant ordered to undergo an examination for
20 the examining physician or any member of the multidisciplinary
21 team to provide information, reports, records, or other
22 documents or to provide any testimony regarding the
23 examination and evaluation.

24 The individual to be examined may have, at his or her own
25 expense, another physician of his or her choice present during
26 all aspects of this examination. However, that physician shall

1 be present only to observe and may not interfere in any way
2 with the examination.

3 Failure of an individual to submit to a mental or physical
4 examination, when ordered, shall result in an automatic
5 suspension of his or her license until the individual submits
6 to the examination.

7 If the Department finds an individual unable to practice
8 because of the reasons set forth in this Section, the
9 Department may require that individual to submit to care,
10 counseling, or treatment by physicians approved or designated
11 by the Department, as a condition, term, or restriction for
12 continued, reinstated, or renewed licensure to practice; or,
13 in lieu of care, counseling, or treatment, the Department may
14 file a complaint to immediately suspend, revoke, or otherwise
15 discipline the license of the individual. An individual whose
16 license was granted, continued, reinstated, renewed,
17 disciplined, or supervised subject to such terms, conditions,
18 or restrictions, and who fails to comply with such terms,
19 conditions, or restrictions, shall be referred to the
20 Secretary for a determination as to whether the individual
21 shall have his or her license suspended immediately, pending a
22 hearing by the Department.

23 In instances in which the Secretary immediately suspends a
24 person's license under this Section, a hearing on that
25 person's license must be convened by the Department within 30
26 days after the suspension and completed without appreciable

1 delay. The Department shall have the authority to review the
2 subject individual's record of treatment and counseling
3 regarding the impairment to the extent permitted by applicable
4 federal statutes and regulations safeguarding the
5 confidentiality of medical records.

6 An individual licensed under this Act and affected under
7 this Section shall be afforded an opportunity to demonstrate
8 to the Department that he or she can resume practice in
9 compliance with acceptable and prevailing standards under the
10 provisions of his or her license.

11 (e) An individual or organization acting in good faith,
12 and not in a willful and wanton manner, in complying with this
13 Section by providing a report or other information to the
14 Board, by assisting in the investigation or preparation of a
15 report or information, by participating in proceedings of the
16 Board, or by serving as a member of the Board, shall not be
17 subject to criminal prosecution or civil damages as a result
18 of such actions.

19 (f) Members of the Board and the Disciplinary Board shall
20 be indemnified by the State for any actions occurring within
21 the scope of services on the Disciplinary Board or Board, done
22 in good faith and not willful and wanton in nature. The
23 Attorney General shall defend all such actions unless he or
24 she determines either that there would be a conflict of
25 interest in such representation or that the actions complained
26 of were not in good faith or were willful and wanton.

1 If the Attorney General declines representation, the
2 member has the right to employ counsel of his or her choice,
3 whose fees shall be provided by the State, after approval by
4 the Attorney General, unless there is a determination by a
5 court that the member's actions were not in good faith or were
6 willful and wanton.

7 The member must notify the Attorney General within 7 days
8 after receipt of notice of the initiation of any action
9 involving services of the Disciplinary Board. Failure to so
10 notify the Attorney General constitutes an absolute waiver of
11 the right to a defense and indemnification.

12 The Attorney General shall determine, within 7 days after
13 receiving such notice, whether he or she will undertake to
14 represent the member.

15 (g) The Department may adopt rules to implement the
16 changes made by this amendatory Act of the 102nd General
17 Assembly.

18 (Source: P.A. 101-363, eff. 8-9-19; 102-558, eff. 8-20-21.)

19 Section 9-20. The Clinical Social Work and Social Work
20 Practice Act is amended by changing Section 19 as follows:

21 (225 ILCS 20/19) (from Ch. 111, par. 6369)

22 (Section scheduled to be repealed on January 1, 2028)

23 Sec. 19. Grounds for disciplinary action.

24 (1) The Department may refuse to issue or renew a license,

1 or may suspend, revoke, place on probation, reprimand, or take
2 any other disciplinary or non-disciplinary action deemed
3 appropriate by the Department, including the imposition of
4 fines not to exceed \$10,000 for each violation, with regard to
5 any license issued under the provisions of this Act for any one
6 or a combination of the following grounds:

7 (a) material misstatements in furnishing information
8 to the Department or to any other State agency or in
9 furnishing information to any insurance company with
10 respect to a claim on behalf of a licensee or a patient;

11 (b) violations or negligent or intentional disregard
12 of this Act, or any of the rules promulgated hereunder;

13 (c) conviction of or entry of a plea of guilty or nolo
14 contendere, finding of guilt, jury verdict, or entry of
15 judgment or sentencing, including, but not limited to,
16 convictions, preceding sentences of supervision,
17 conditional discharge, or first offender probation, under
18 the laws of any jurisdiction of the United States that is
19 (i) a felony or (ii) a misdemeanor, an essential element
20 of which is dishonesty, or that is directly related to the
21 practice of the clinical social work or social work
22 professions;

23 (d) fraud or misrepresentation in applying for or
24 procuring a license under this Act or in connection with
25 applying for renewal or restoration of a license under
26 this Act;

1 (e) professional incompetence;

2 (f) gross negligence in practice under this Act;

3 (g) aiding or assisting another person in violating
4 any provision of this Act or its rules;

5 (h) failing to provide information within 60 days in
6 response to a written request made by the Department;

7 (i) engaging in dishonorable, unethical or
8 unprofessional conduct of a character likely to deceive,
9 defraud or harm the public as defined by the rules of the
10 Department, or violating the rules of professional conduct
11 adopted by the Department;

12 (j) habitual or excessive use or abuse of drugs
13 defined in law as controlled substances, of alcohol, or of
14 any other substances that results in the inability to
15 practice with reasonable judgment, skill, or safety;

16 (k) adverse action taken by another state or
17 jurisdiction, if at least one of the grounds for the
18 discipline is the same or substantially equivalent to
19 those set forth in this Section;

20 (l) directly or indirectly giving to or receiving from
21 any person, firm, corporation, partnership, or association
22 any fee, commission, rebate or other form of compensation
23 for any professional service not actually rendered.
24 Nothing in this paragraph (l) affects any bona fide
25 independent contractor or employment arrangements among
26 health care professionals, health facilities, health care

1 providers, or other entities, except as otherwise
2 prohibited by law. Any employment arrangements may include
3 provisions for compensation, health insurance, pension, or
4 other employment benefits for the provision of services
5 within the scope of the licensee's practice under this
6 Act. Nothing in this paragraph (l) shall be construed to
7 require an employment arrangement to receive professional
8 fees for services rendered;

9 (m) a finding by the Department that the licensee,
10 after having the license placed on probationary status,
11 has violated the terms of probation or failed to comply
12 with such terms;

13 (n) abandonment, without cause, of a client;

14 (o) willfully making or filing false records or
15 reports relating to a licensee's practice, including, but
16 not limited to, false records filed with Federal or State
17 agencies or departments;

18 (p) willfully failing to report an instance of
19 suspected child abuse or neglect as required by the Abused
20 and Neglected Child Reporting Act;

21 (q) being named as a perpetrator in an indicated
22 report by the Department of Children and Family Services
23 under the Abused and Neglected Child Reporting Act, and
24 upon proof by clear and convincing evidence that the
25 licensee has caused a child to be an abused child or
26 neglected child as defined in the Abused and Neglected

1 Child Reporting Act;

2 (r) physical illness, mental illness, or any other
3 impairment or disability, including, but not limited to,
4 deterioration through the aging process, or loss of motor
5 skills that results in the inability to practice the
6 profession with reasonable judgment, skill or safety;

7 (s) solicitation of professional services by using
8 false or misleading advertising;

9 (t) violation of the Health Care Worker Self-Referral
10 Act;

11 (u) willfully failing to report an instance of
12 suspected abuse, neglect, financial exploitation, or
13 self-neglect of an eligible adult as defined in and
14 required by the Adult Protective Services Act; or

15 (v) being named as an abuser in a verified report by
16 the Department on Aging under the Adult Protective
17 Services Act, and upon proof by clear and convincing
18 evidence that the licensee abused, neglected, or
19 financially exploited an eligible adult as defined in the
20 Adult Protective Services Act.

21 (2) (Blank).

22 (2.1) The Department shall not revoke, suspend, summarily
23 suspend, place on prohibition, reprimand, refuse to issue or
24 renew, or take any other disciplinary or non-disciplinary
25 action against a license or permit issued under this Act based
26 solely upon the licensed clinical social worker authorizing,

1 recommending, aiding, assisting, referring for, or otherwise
2 participating in any health care service, so long as the care
3 was otherwise performed in accordance with the laws of this
4 State, regardless of whether the patient was a resident of
5 this State or another state.

6 (2.2) The Department shall not revoke, suspend, summarily
7 suspend, place on prohibition, reprimand, refuse to issue or
8 renew, or take any other disciplinary or non-disciplinary
9 action against the license or permit issued under this Act to
10 practice as a licensed clinical social worker based upon the
11 licensed clinical social worker's license being revoked or
12 suspended, or the licensed clinical social worker being
13 otherwise disciplined by any other state, if that revocation,
14 suspension, or other form of discipline was based solely on
15 the licensed clinical social worker violating another state's
16 laws prohibiting the provision of, authorization of,
17 recommendation of, aiding or assisting in, referring for, or
18 participation in any health care service if that health care
19 service as provided would have been lawful and consistent with
20 the standards of conduct for the licensed clinical social
21 worker if it occurred in Illinois.

22 (2.3) The conduct specified in subsection (2.1) or (2.2)
23 shall not constitute grounds for suspension under Section 32.

24 (2.4) An applicant seeking licensure, certification, or
25 authorization pursuant to this Act who has been subject to
26 disciplinary action by a duly authorized professional

1 disciplinary agency of another jurisdiction solely on the
2 basis of having authorized, recommended, aided, assisted,
3 referred for, or otherwise participated in health care shall
4 not be denied such licensure, certification, or authorization,
5 unless the Department determines that such action would have
6 constituted professional misconduct in this State; provided
7 however, that nothing in this Section shall be construed as
8 prohibiting the Department from evaluating the conduct of such
9 applicant and making a determination regarding the licensure,
10 certification, or authorization to practice a profession under
11 this Act.

12 (3) The determination by a court that a licensee is
13 subject to involuntary admission or judicial admission as
14 provided in the Mental Health and Developmental Disabilities
15 Code, will result in an automatic suspension of his license.
16 Such suspension will end upon a finding by a court that the
17 licensee is no longer subject to involuntary admission or
18 judicial admission and issues an order so finding and
19 discharging the patient, and upon the recommendation of the
20 Board to the Secretary that the licensee be allowed to resume
21 professional practice.

22 (4) The Department shall refuse to issue or renew or may
23 suspend the license of a person who (i) fails to file a return,
24 pay the tax, penalty, or interest shown in a filed return, or
25 pay any final assessment of tax, penalty, or interest, as
26 required by any tax Act administered by the Department of

1 Revenue, until the requirements of the tax Act are satisfied
2 or (ii) has failed to pay any court-ordered child support as
3 determined by a court order or by referral from the Department
4 of Healthcare and Family Services.

5 (5) (a) In enforcing this Section, the Department or Board,
6 upon a showing of a possible violation, may compel a person
7 licensed to practice under this Act, or who has applied for
8 licensure under this Act, to submit to a mental or physical
9 examination, or both, which may include a substance abuse or
10 sexual offender evaluation, as required by and at the expense
11 of the Department.

12 (b) The Department shall specifically designate the
13 examining physician licensed to practice medicine in all of
14 its branches or, if applicable, the multidisciplinary team
15 involved in providing the mental or physical examination or
16 both. The multidisciplinary team shall be led by a physician
17 licensed to practice medicine in all of its branches and may
18 consist of one or more or a combination of physicians licensed
19 to practice medicine in all of its branches, licensed clinical
20 psychologists, licensed clinical social workers, licensed
21 clinical professional counselors, and other professional and
22 administrative staff. Any examining physician or member of the
23 multidisciplinary team may require any person ordered to
24 submit to an examination pursuant to this Section to submit to
25 any additional supplemental testing deemed necessary to
26 complete any examination or evaluation process, including, but

1 not limited to, blood testing, urinalysis, psychological
2 testing, or neuropsychological testing.

3 (c) The Board or the Department may order the examining
4 physician or any member of the multidisciplinary team to
5 present testimony concerning this mental or physical
6 examination of the licensee or applicant. No information,
7 report, record, or other documents in any way related to the
8 examination shall be excluded by reason of any common law or
9 statutory privilege relating to communications between the
10 licensee or applicant and the examining physician or any
11 member of the multidisciplinary team. No authorization is
12 necessary from the licensee or applicant ordered to undergo an
13 examination for the examining physician or any member of the
14 multidisciplinary team to provide information, reports,
15 records, or other documents or to provide any testimony
16 regarding the examination and evaluation.

17 (d) The person to be examined may have, at his or her own
18 expense, another physician of his or her choice present during
19 all aspects of the examination. However, that physician shall
20 be present only to observe and may not interfere in any way
21 with the examination.

22 (e) Failure of any person to submit to a mental or physical
23 examination without reasonable cause, when ordered, shall
24 result in an automatic suspension of his or her license until
25 the person submits to the examination.

26 (f) If the Department or Board finds a person unable to

1 practice because of the reasons set forth in this Section, the
2 Department or Board may require that person to submit to care,
3 counseling, or treatment by physicians approved or designated
4 by the Department or Board, as a condition, term, or
5 restriction for continued, reinstated, or renewed licensure to
6 practice; or, in lieu of care, counseling or treatment, the
7 Department may file, or the Board may recommend to the
8 Department to file, a complaint to immediately suspend,
9 revoke, or otherwise discipline the license of the person. Any
10 person whose license was granted, continued, reinstated,
11 renewed, disciplined or supervised subject to such terms,
12 conditions or restrictions, and who fails to comply with such
13 terms, conditions, or restrictions, shall be referred to the
14 Secretary for a determination as to whether the person shall
15 have his or her license suspended immediately, pending a
16 hearing by the Department.

17 (g) All fines imposed shall be paid within 60 days after
18 the effective date of the order imposing the fine or in
19 accordance with the terms set forth in the order imposing the
20 fine.

21 In instances in which the Secretary immediately suspends a
22 person's license under this Section, a hearing on that
23 person's license must be convened by the Department within 30
24 days after the suspension and completed without appreciable
25 delay. The Department and Board shall have the authority to
26 review the subject person's record of treatment and counseling

1 regarding the impairment, to the extent permitted by
2 applicable federal statutes and regulations safeguarding the
3 confidentiality of medical records.

4 A person licensed under this Act and affected under this
5 Section shall be afforded an opportunity to demonstrate to the
6 Department or Board that he or she can resume practice in
7 compliance with acceptable and prevailing standards under the
8 provisions of his or her license.

9 (6) The Department may adopt rules to implement the
10 changes made by this amendatory Act of the 102nd General
11 Assembly.

12 (Source: P.A. 100-414, eff. 8-25-17.)

13 Section 9-25. The Pharmacy Practice Act is amended by
14 changing Sections 30 and 30.1 as follows:

15 (225 ILCS 85/30) (from Ch. 111, par. 4150)

16 (Section scheduled to be repealed on January 1, 2028)

17 Sec. 30. Refusal, revocation, suspension, or other
18 discipline.

19 (a) The Department may refuse to issue or renew, or may
20 revoke a license, or may suspend, place on probation, fine, or
21 take any disciplinary or non-disciplinary action as the
22 Department may deem proper, including fines not to exceed
23 \$10,000 for each violation, with regard to any licensee for
24 any one or combination of the following causes:

1 1. Material misstatement in furnishing information to
2 the Department.

3 2. Violations of this Act, or the rules promulgated
4 hereunder.

5 3. Making any misrepresentation for the purpose of
6 obtaining licenses.

7 4. A pattern of conduct which demonstrates
8 incompetence or unfitness to practice.

9 5. Aiding or assisting another person in violating any
10 provision of this Act or rules.

11 6. Failing, within 60 days, to respond to a written
12 request made by the Department for information.

13 7. Engaging in unprofessional, dishonorable, or
14 unethical conduct of a character likely to deceive,
15 defraud or harm the public as defined by rule.

16 8. Adverse action taken by another state or
17 jurisdiction against a license or other authorization to
18 practice as a pharmacy, pharmacist, registered certified
19 pharmacy technician, or registered pharmacy technician
20 that is the same or substantially equivalent to those set
21 forth in this Section, a certified copy of the record of
22 the action taken by the other state or jurisdiction being
23 prima facie evidence thereof.

24 9. Directly or indirectly giving to or receiving from
25 any person, firm, corporation, partnership, or association
26 any fee, commission, rebate or other form of compensation

1 for any professional services not actually or personally
2 rendered. Nothing in this item 9 affects any bona fide
3 independent contractor or employment arrangements among
4 health care professionals, health facilities, health care
5 providers, or other entities, except as otherwise
6 prohibited by law. Any employment arrangements may include
7 provisions for compensation, health insurance, pension, or
8 other employment benefits for the provision of services
9 within the scope of the licensee's practice under this
10 Act. Nothing in this item 9 shall be construed to require
11 an employment arrangement to receive professional fees for
12 services rendered.

13 10. A finding by the Department that the licensee,
14 after having his license placed on probationary status,
15 has violated the terms of probation.

16 11. Selling or engaging in the sale of drug samples
17 provided at no cost by drug manufacturers.

18 12. Physical illness, including but not limited to,
19 deterioration through the aging process, or loss of motor
20 skill which results in the inability to practice the
21 profession with reasonable judgment, skill or safety.

22 13. A finding that licensure or registration has been
23 applied for or obtained by fraudulent means.

24 14. Conviction by plea of guilty or nolo contendere,
25 finding of guilt, jury verdict, or entry of judgment or
26 sentencing, including, but not limited to, convictions,

1 preceding sentences of supervision, conditional discharge,
2 or first offender probation, under the laws of any
3 jurisdiction of the United States that is (i) a felony or
4 (ii) a misdemeanor, an essential element of which is
5 dishonesty, or that is directly related to the practice of
6 pharmacy~~7~~ or involves controlled substances.

7 15. Habitual or excessive use or addiction to alcohol,
8 narcotics, stimulants or any other chemical agent or drug
9 which results in the inability to practice with reasonable
10 judgment, skill or safety.

11 16. Willfully making or filing false records or
12 reports in the practice of pharmacy, including, but not
13 limited to, l false records to support claims against the
14 medical assistance program of the Department of Healthcare
15 and Family Services (formerly Department of Public Aid)
16 under the Public Aid Code.

17 17. Gross and willful overcharging for professional
18 services including filing false statements for collection
19 of fees for which services are not rendered, including,
20 but not limited to, filing false statements for collection
21 of monies for services not rendered from the medical
22 assistance program of the Department of Healthcare and
23 Family Services (formerly Department of Public Aid) under
24 the Public Aid Code.

25 18. Dispensing prescription drugs without receiving a
26 written or oral prescription in violation of law.

1 19. Upon a finding of a substantial discrepancy in a
2 Department audit of a prescription drug, including
3 controlled substances, as that term is defined in this Act
4 or in the Illinois Controlled Substances Act.

5 20. Physical or mental illness or any other impairment
6 or disability, including, without limitation: (A)
7 deterioration through the aging process or loss of motor
8 skills that results in the inability to practice with
9 reasonable judgment, skill or safety; or (B) mental
10 incompetence, as declared by a court of competent
11 jurisdiction.

12 21. Violation of the Health Care Worker Self-Referral
13 Act.

14 22. Failing to sell or dispense any drug, medicine, or
15 poison in good faith. "Good faith", for the purposes of
16 this Section, has the meaning ascribed to it in subsection
17 (u) of Section 102 of the Illinois Controlled Substances
18 Act. "Good faith", as used in this item (22), shall not be
19 limited to the sale or dispensing of controlled
20 substances, but shall apply to all prescription drugs.

21 23. Interfering with the professional judgment of a
22 pharmacist by any licensee under this Act, or the
23 licensee's agents or employees.

24 24. Failing to report within 60 days to the Department
25 any adverse final action taken against a pharmacy,
26 pharmacist, registered pharmacy technician, or registered

1 certified pharmacy technician by another licensing
2 jurisdiction in any other state or any territory of the
3 United States or any foreign jurisdiction, any
4 governmental agency, any law enforcement agency, or any
5 court for acts or conduct similar to acts or conduct that
6 would constitute grounds for discipline as defined in this
7 Section.

8 25. Failing to comply with a subpoena issued in
9 accordance with Section 35.5 of this Act.

10 26. Disclosing protected health information in
11 violation of any State or federal law.

12 27. Willfully failing to report an instance of
13 suspected abuse, neglect, financial exploitation, or
14 self-neglect of an eligible adult as defined in and
15 required by the Adult Protective Services Act.

16 28. Being named as an abuser in a verified report by
17 the Department on Aging under the Adult Protective
18 Services Act, and upon proof by clear and convincing
19 evidence that the licensee abused, neglected, or
20 financially exploited an eligible adult as defined in the
21 Adult Protective Services Act.

22 29. Using advertisements or making solicitations that
23 may jeopardize the health, safety, or welfare of patients,
24 including, but not ~~be~~ limited to, the use of
25 advertisements or solicitations that:

26 (A) are false, fraudulent, deceptive, or

1 misleading; or

2 (B) include any claim regarding a professional
3 service or product or the cost or price thereof that
4 cannot be substantiated by the licensee.

5 30. Requiring a pharmacist to participate in the use
6 or distribution of advertisements or in making
7 solicitations that may jeopardize the health, safety, or
8 welfare of patients.

9 31. Failing to provide a working environment for all
10 pharmacy personnel that protects the health, safety, and
11 welfare of a patient, which includes, but is not limited
12 to, failing to:

13 (A) employ sufficient personnel to prevent
14 fatigue, distraction, or other conditions that
15 interfere with a pharmacist's ability to practice with
16 competency and safety or creates an environment that
17 jeopardizes patient care;

18 (B) provide appropriate opportunities for
19 uninterrupted rest periods and meal breaks;

20 (C) provide adequate time for a pharmacist to
21 complete professional duties and responsibilities,
22 including, but not limited to:

23 (i) drug utilization review;

24 (ii) immunization;

25 (iii) counseling;

26 (iv) verification of the accuracy of a

1 prescription; and

2 (v) all other duties and responsibilities of a
3 pharmacist as listed in the rules of the
4 Department.

5 32. Introducing or enforcing external factors, such as
6 productivity or production quotas or other programs
7 against pharmacists, student pharmacists or pharmacy
8 technicians, to the extent that they interfere with the
9 ability of those individuals to provide appropriate
10 professional services to the public.

11 33. Providing an incentive for or inducing the
12 transfer of a prescription for a patient absent a
13 professional rationale.

14 (b) The Department may refuse to issue or may suspend the
15 license of any person who fails to file a return, or to pay the
16 tax, penalty or interest shown in a filed return, or to pay any
17 final assessment of tax, penalty or interest, as required by
18 any tax Act administered by the Illinois Department of
19 Revenue, until such time as the requirements of any such tax
20 Act are satisfied.

21 (c) The Department shall revoke any license issued under
22 the provisions of this Act or any prior Act of this State of
23 any person who has been convicted a second time of committing
24 any felony under the Illinois Controlled Substances Act, or
25 who has been convicted a second time of committing a Class 1
26 felony under Sections 8A-3 and 8A-6 of the Illinois Public Aid

1 Code. A person whose license issued under the provisions of
2 this Act or any prior Act of this State is revoked under this
3 subsection (c) shall be prohibited from engaging in the
4 practice of pharmacy in this State.

5 (c-1) The Department shall not revoke, suspend, summarily
6 suspend, place on prohibition, reprimand, refuse to issue or
7 renew, or take any other disciplinary or non-disciplinary
8 action against the license or permit issued under this Act to
9 practice as a pharmacist, registered pharmacy technician, or
10 registered certified pharmacy technician based solely upon the
11 pharmacist, registered pharmacy technician, or registered
12 certified pharmacy technician providing, authorizing,
13 recommending, aiding, assisting, referring for, or otherwise
14 participating in any health care service, so long as the care
15 was otherwise performed in accordance with the laws of this
16 State, regardless of whether the patient was a resident of
17 this State or another state.

18 (c-2) The Department shall not revoke, suspend, summarily
19 suspend, place on prohibition, reprimand, refuse to issue or
20 renew, or take any other disciplinary or non-disciplinary
21 action against the license or permit issued under this Act to
22 practice as a pharmacist, registered pharmacy technician, or
23 registered certified pharmacy technician based upon the
24 pharmacist's, registered pharmacy technician's, or registered
25 certified pharmacy technician's license being revoked or
26 suspended, or the pharmacist being otherwise disciplined by

1 any other state, if that revocation, suspension, or other form
2 of discipline was based solely on the pharmacist, registered
3 pharmacy technician, or registered certified pharmacy
4 technician violating another state's laws prohibiting the
5 provision of, authorization of, recommendation of, aiding or
6 assisting in, referring for, or participation in any health
7 care service if that health care service as provided would
8 have been lawful and consistent with the standards of conduct
9 for the pharmacist, registered pharmacy technician, or
10 registered certified pharmacy technician if it occurred in
11 Illinois.

12 (c-3) The conduct specified in subsection (c-1) or (c-2)
13 shall not constitute grounds for suspension under Section
14 35.16.

15 (c-4) An applicant seeking licensure, certification, or
16 authorization pursuant to this Act who has been subject to
17 disciplinary action by a duly authorized professional
18 disciplinary agency of another jurisdiction solely on the
19 basis of having provided, authorized, recommended, aided,
20 assisted, referred for, or otherwise participated in health
21 care shall not be denied such licensure, certification, or
22 authorization, unless the Department determines that such
23 action would have constituted professional misconduct in this
24 State; provided however, that nothing in this Section shall be
25 construed as prohibiting the Department from evaluating the
26 conduct of such applicant and making a determination regarding

1 the licensure, certification, or authorization to practice a
2 profession under this Act.

3 (d) Fines may be imposed in conjunction with other forms
4 of disciplinary action, but shall not be the exclusive
5 disposition of any disciplinary action arising out of conduct
6 resulting in death or injury to a patient. Fines shall be paid
7 within 60 days or as otherwise agreed to by the Department. Any
8 funds collected from such fines shall be deposited in the
9 Illinois State Pharmacy Disciplinary Fund.

10 (e) The entry of an order or judgment by any circuit court
11 establishing that any person holding a license or certificate
12 under this Act is a person in need of mental treatment operates
13 as a suspension of that license. A licensee may resume his or
14 her practice only upon the entry of an order of the Department
15 based upon a finding by the Board that he or she has been
16 determined to be recovered from mental illness by the court
17 and upon the Board's recommendation that the licensee be
18 permitted to resume his or her practice.

19 (f) The Department shall issue quarterly to the Board a
20 status of all complaints related to the profession received by
21 the Department.

22 (g) In enforcing this Section, the Board or the
23 Department, upon a showing of a possible violation, may compel
24 any licensee or applicant for licensure under this Act to
25 submit to a mental or physical examination or both, as
26 required by and at the expense of the Department. The

1 examining physician, or multidisciplinary team involved in
2 providing physical and mental examinations led by a physician
3 consisting of one or a combination of licensed physicians,
4 licensed clinical psychologists, licensed clinical social
5 workers, licensed clinical professional counselors, and other
6 professional and administrative staff, shall be those
7 specifically designated by the Department. The Board or the
8 Department may order the examining physician or any member of
9 the multidisciplinary team to present testimony concerning
10 this mental or physical examination of the licensee or
11 applicant. No information, report, or other documents in any
12 way related to the examination shall be excluded by reason of
13 any common law or statutory privilege relating to
14 communication between the licensee or applicant and the
15 examining physician or any member of the multidisciplinary
16 team. The individual to be examined may have, at his or her own
17 expense, another physician of his or her choice present during
18 all aspects of the examination. Failure of any individual to
19 submit to a mental or physical examination when directed shall
20 result in the automatic suspension of his or her license until
21 such time as the individual submits to the examination. If the
22 Board or Department finds a pharmacist, registered certified
23 pharmacy technician, or registered pharmacy technician unable
24 to practice because of the reasons set forth in this Section,
25 the Board or Department shall require such pharmacist,
26 registered certified pharmacy technician, or registered

1 pharmacy technician to submit to care, counseling, or
2 treatment by physicians or other appropriate health care
3 providers approved or designated by the Department as a
4 condition for continued, restored, or renewed licensure to
5 practice. Any pharmacist, registered certified pharmacy
6 technician, or registered pharmacy technician whose license
7 was granted, continued, restored, renewed, disciplined, or
8 supervised, subject to such terms, conditions, or
9 restrictions, and who fails to comply with such terms,
10 conditions, or restrictions or to complete a required program
11 of care, counseling, or treatment, as determined by the chief
12 pharmacy coordinator, shall be referred to the Secretary for a
13 determination as to whether the licensee shall have his or her
14 license suspended immediately, pending a hearing by the Board.
15 In instances in which the Secretary immediately suspends a
16 license under this subsection (g), a hearing upon such
17 person's license must be convened by the Board within 15 days
18 after such suspension and completed without appreciable delay.
19 The Department and Board shall have the authority to review
20 the subject pharmacist's, registered certified pharmacy
21 technician's, or registered pharmacy technician's record of
22 treatment and counseling regarding the impairment.

23 (h) An individual or organization acting in good faith,
24 and not in a willful and wanton manner, in complying with this
25 Section by providing a report or other information to the
26 Board, by assisting in the investigation or preparation of a

1 report or information, by participating in proceedings of the
2 Board, or by serving as a member of the Board shall not, as a
3 result of such actions, be subject to criminal prosecution or
4 civil damages. Any person who reports a violation of this
5 Section to the Department is protected under subsection (b) of
6 Section 15 of the Whistleblower Act.

7 (i) Members of the Board shall have no liability in any
8 action based upon any disciplinary proceedings or other
9 activity performed in good faith as a member of the Board. The
10 Attorney General shall defend all such actions unless he or
11 she determines either that there would be a conflict of
12 interest in such representation or that the actions complained
13 of were not in good faith or were willful and wanton.

14 If the Attorney General declines representation, the
15 member shall have the right to employ counsel of his or her
16 choice, whose fees shall be provided by the State, after
17 approval by the Attorney General, unless there is a
18 determination by a court that the member's actions were not in
19 good faith or were willful and wanton.

20 The member must notify the Attorney General within 7 days
21 of receipt of notice of the initiation of any action involving
22 services of the Board. Failure to so notify the Attorney
23 General shall constitute an absolute waiver of the right to a
24 defense and indemnification.

25 The Attorney General shall determine, within 7 days after
26 receiving such notice, whether he or she will undertake to

1 represent the member.

2 (j) The Department may adopt rules to implement the
3 changes made by this amendatory Act of the 102nd General
4 Assembly.

5 (Source: P.A. 101-621, eff. 1-1-20; 102-882, eff. 1-1-23;
6 revised 12-9-22.)

7 (225 ILCS 85/30.1)

8 (Section scheduled to be repealed on January 1, 2028)

9 Sec. 30.1. Reporting.

10 (a) When a pharmacist, registered certified pharmacy
11 technician, or a registered pharmacy technician licensed by
12 the Department is terminated for actions which may have
13 threatened patient safety, the pharmacy or
14 pharmacist-in-charge, pursuant to the policies and procedures
15 of the pharmacy at which he or she is employed, shall report
16 the termination to the chief pharmacy coordinator. Such
17 reports shall be strictly confidential and may be reviewed and
18 considered only by the members of the Board or by authorized
19 Department staff. Such reports, and any records associated
20 with such reports, are exempt from public disclosure and the
21 Freedom of Information Act. Although the reports are exempt
22 from disclosure, any formal complaint filed against a licensee
23 or registrant by the Department or any order issued by the
24 Department against a licensee, registrant, or applicant shall
25 be a public record, except as otherwise prohibited by law. A

1 pharmacy shall not take any adverse action, including, but not
2 limited to, disciplining or terminating a pharmacist,
3 registered certified pharmacy technician, or registered
4 pharmacy technician, as a result of an adverse action against
5 the person's license or clinical privileges or other
6 disciplinary action by another state or health care
7 institution that resulted from the pharmacist's, registered
8 certified pharmacy technician's, or registered pharmacy
9 technician's provision of, authorization of, recommendation
10 of, aiding or assistance with, referral for, or participation
11 in any health care service, if the adverse action was based
12 solely on a violation of the other state's law prohibiting the
13 provision such health care and related services in the state
14 or for a resident of the state.

15 (b) The report shall be submitted to the chief pharmacy
16 coordinator in a timely fashion. Unless otherwise provided in
17 this Section, the reports shall be filed in writing, on forms
18 provided by the Department, within 60 days after a pharmacy's
19 determination that a report is required under this Act. All
20 reports shall contain only the following information:

21 (1) The name, address, and telephone number of the
22 person making the report.

23 (2) The name, license number, and last known address
24 and telephone number of the person who is the subject of
25 the report.

26 (3) A brief description of the facts which gave rise

1 to the issuance of the report, including dates of
2 occurrence.

3 (c) The contents of any report and any records associated
4 with such report shall be strictly confidential and may only
5 be reviewed by:

6 (1) members of the Board of Pharmacy;

7 (2) the Board of Pharmacy's designated attorney;

8 (3) administrative personnel assigned to open mail
9 containing reports, to process and distribute reports to
10 authorized persons, and to communicate with senders of
11 reports;

12 (4) Department investigators and Department
13 prosecutors; or

14 (5) attorneys from the Office of the Illinois Attorney
15 General representing the Department in litigation in
16 response to specific disciplinary action the Department
17 has taken or initiated against a specific individual
18 pursuant to this Section.

19 (d) Whenever a pharmacy or pharmacist-in-charge makes a
20 report and provides any records associated with that report to
21 the Department, acts in good faith, and not in a willful and
22 wanton manner, the person or entity making the report and the
23 pharmacy or health care institution employing him or her shall
24 not, as a result of such actions, be subject to criminal
25 prosecution or civil damages.

26 (e) The Department may adopt rules to implement the

1 changes made by this amendatory Act of the 102nd General
2 Assembly.

3 (Source: P.A. 99-863, eff. 8-19-16.)

4 Section 9-30. The Genetic Counselor Licensing Act is
5 amended by changing Section 95 as follows:

6 (225 ILCS 135/95)

7 (Section scheduled to be repealed on January 1, 2025)

8 Sec. 95. Grounds for discipline.

9 (a) The Department may refuse to issue, renew, or may
10 revoke, suspend, place on probation, reprimand, or take other
11 disciplinary or non-disciplinary action as the Department
12 deems appropriate, including the issuance of fines not to
13 exceed \$10,000 for each violation, with regard to any license
14 for any one or more of the following:

15 (1) Material misstatement in furnishing information to
16 the Department or to any other State agency.

17 (2) Violations or negligent or intentional disregard
18 of this Act, or any of its rules.

19 (3) Conviction by plea of guilty or nolo contendere,
20 finding of guilt, jury verdict, or entry of judgment or
21 sentencing, including, but not limited to, convictions,
22 preceding sentences of supervision, conditional discharge,
23 or first offender probation, under the laws of any
24 jurisdiction of the United States: (i) that is a felony or

1 (ii) that is a misdemeanor, an essential element of which
2 is dishonesty, or that is directly related to the practice
3 of genetic counseling.

4 (4) Making any misrepresentation for the purpose of
5 obtaining a license, or violating any provision of this
6 Act or its rules.

7 (5) Negligence in the rendering of genetic counseling
8 services.

9 (6) Failure to provide genetic testing results and any
10 requested information to a referring physician licensed to
11 practice medicine in all its branches, advanced practice
12 registered nurse, or physician assistant.

13 (7) Aiding or assisting another person in violating
14 any provision of this Act or any rules.

15 (8) Failing to provide information within 60 days in
16 response to a written request made by the Department.

17 (9) Engaging in dishonorable, unethical, or
18 unprofessional conduct of a character likely to deceive,
19 defraud, or harm the public and violating the rules of
20 professional conduct adopted by the Department.

21 (10) Failing to maintain the confidentiality of any
22 information received from a client, unless otherwise
23 authorized or required by law.

24 (10.5) Failure to maintain client records of services
25 provided and provide copies to clients upon request.

26 (11) Exploiting a client for personal advantage,

1 profit, or interest.

2 (12) Habitual or excessive use or addiction to
3 alcohol, narcotics, stimulants, or any other chemical
4 agent or drug which results in inability to practice with
5 reasonable skill, judgment, or safety.

6 (13) Discipline by another governmental agency or unit
7 of government, by any jurisdiction of the United States,
8 or by a foreign nation, if at least one of the grounds for
9 the discipline is the same or substantially equivalent to
10 those set forth in this Section.

11 (14) Directly or indirectly giving to or receiving
12 from any person, firm, corporation, partnership, or
13 association any fee, commission, rebate, or other form of
14 compensation for any professional service not actually
15 rendered. Nothing in this paragraph (14) affects any bona
16 fide independent contractor or employment arrangements
17 among health care professionals, health facilities, health
18 care providers, or other entities, except as otherwise
19 prohibited by law. Any employment arrangements may include
20 provisions for compensation, health insurance, pension, or
21 other employment benefits for the provision of services
22 within the scope of the licensee's practice under this
23 Act. Nothing in this paragraph (14) shall be construed to
24 require an employment arrangement to receive professional
25 fees for services rendered.

26 (15) A finding by the Department that the licensee,

1 after having the license placed on probationary status,l
2 has violated the terms of probation.

3 (16) Failing to refer a client to other health care
4 professionals when the licensee is unable or unwilling to
5 adequately support or serve the client.

6 (17) Willfully filing false reports relating to a
7 licensee's practice, including but not limited to false
8 records filed with federal or State agencies or
9 departments.

10 (18) Willfully failing to report an instance of
11 suspected child abuse or neglect as required by the Abused
12 and Neglected Child Reporting Act.

13 (19) Being named as a perpetrator in an indicated
14 report by the Department of Children and Family Services
15 pursuant to the Abused and Neglected Child Reporting Act,
16 and upon proof by clear and convincing evidence that the
17 licensee has caused a child to be an abused child or
18 neglected child as defined in the Abused and Neglected
19 Child Reporting Act.

20 (20) Physical or mental disability, including
21 deterioration through the aging process or loss of
22 abilities and skills which results in the inability to
23 practice the profession with reasonable judgment, skill,
24 or safety.

25 (21) Solicitation of professional services by using
26 false or misleading advertising.

1 (22) Failure to file a return, or to pay the tax,
2 penalty of interest shown in a filed return, or to pay any
3 final assessment of tax, penalty or interest, as required
4 by any tax Act administered by the Illinois Department of
5 Revenue or any successor agency or the Internal Revenue
6 Service or any successor agency.

7 (23) Fraud or making any misrepresentation in applying
8 for or procuring a license under this Act or in connection
9 with applying for renewal of a license under this Act.

10 (24) Practicing or attempting to practice under a name
11 other than the full name as shown on the license or any
12 other legally authorized name.

13 (25) Gross overcharging for professional services,
14 including filing statements for collection of fees or
15 monies for which services are not rendered.

16 (26) (Blank).

17 (27) Charging for professional services not rendered,
18 including filing false statements for the collection of
19 fees for which services are not rendered.

20 (28) Allowing one's license under this Act to be used
21 by an unlicensed person in violation of this Act.

22 (b) (Blank).

23 (b-1) The Department shall not revoke, suspend, summarily
24 suspend, place on prohibition, reprimand, refuse to issue or
25 renew, or take any other disciplinary or non-disciplinary
26 action against the license or permit issued under this Act to

1 practice as a genetic counselor based solely upon the genetic
2 counselor authorizing, recommending, aiding, assisting,
3 referring for, or otherwise participating in any health care
4 service, so long as the care was otherwise performed in
5 accordance with the laws of this State, regardless of whether
6 the patient was a resident of this State or another state.

7 (b-2) The Department shall not revoke, suspend, summarily
8 suspend, place on prohibition, reprimand, refuse to issue or
9 renew, or take any other disciplinary or non-disciplinary
10 action against the license or permit issued under this Act to
11 practice as a genetic counselor based upon the genetic
12 counselor's license being revoked or suspended, or the genetic
13 counselor being otherwise disciplined by any other state, if
14 that revocation, suspension, or other form of discipline was
15 based solely on the genetic counselor violating another
16 state's laws prohibiting the provision of, authorization of,
17 recommendation of, aiding or assisting in, referring for, or
18 participation in any health care service if that health care
19 service as provided would have been lawful and consistent with
20 the standards of conduct for the genetic counselor if it
21 occurred in Illinois.

22 (b-3) The conduct specified in subsection (b-1) or (b-2)
23 shall not constitute grounds for suspension under Section 160.

24 (b-4) An applicant seeking licensure, certification, or
25 authorization pursuant to this Act who has been subject to
26 disciplinary action by a duly authorized professional

1 disciplinary agency of another jurisdiction solely on the
2 basis of having authorized, recommended, aided, assisted,
3 referred for, or otherwise participated in health care shall
4 not be denied such licensure, certification, or authorization,
5 unless the Department determines that such action would have
6 constituted professional misconduct in this State; provided
7 however, that nothing in this Section shall be construed as
8 prohibiting the Department from evaluating the conduct of such
9 applicant and making a determination regarding the licensure,
10 certification, or authorization to practice a profession under
11 this Act.

12 (c) The determination by a court that a licensee is
13 subject to involuntary admission or judicial admission as
14 provided in the Mental Health and Developmental Disabilities
15 Code will result in an automatic suspension of his or her
16 license. The suspension will end upon a finding by a court that
17 the licensee is no longer subject to involuntary admission or
18 judicial admission, the issuance of an order so finding and
19 discharging the patient, and the determination of the
20 Secretary that the licensee be allowed to resume professional
21 practice.

22 (d) The Department may refuse to issue or renew or may
23 suspend without hearing the license of any person who fails to
24 file a return, to pay the tax penalty or interest shown in a
25 filed return, or to pay any final assessment of the tax,
26 penalty, or interest as required by any Act regarding the

1 payment of taxes administered by the Illinois Department of
2 Revenue until the requirements of the Act are satisfied in
3 accordance with subsection (g) of Section 2105-15 of the Civil
4 Administrative Code of Illinois.

5 (e) In cases where the Department of Healthcare and Family
6 Services has previously determined that a licensee or a
7 potential licensee is more than 30 days delinquent in the
8 payment of child support and has subsequently certified the
9 delinquency to the Department, the Department may refuse to
10 issue or renew or may revoke or suspend that person's license
11 or may take other disciplinary action against that person
12 based solely upon the certification of delinquency made by the
13 Department of Healthcare and Family Services in accordance
14 with item (5) of subsection (a) of Section 2105-15 of the
15 Department of Professional Regulation Law of the Civil
16 Administrative Code of Illinois.

17 (f) All fines or costs imposed under this Section shall be
18 paid within 60 days after the effective date of the order
19 imposing the fine or costs or in accordance with the terms set
20 forth in the order imposing the fine.

21 (g) The Department may adopt rules to implement the
22 changes made by this amendatory Act of the 102nd General
23 Assembly.

24 (Source: P.A. 99-173, eff. 7-29-15; 99-633, eff. 1-1-17;
25 100-201, eff. 8-18-17; 100-513, eff. 1-1-18; 100-872, eff.
26 8-14-18.)

1 Section 9-35. The Clinical Psychologist Licensing Act is
2 amended by changing Section 15 as follows:

3 (225 ILCS 15/15) (from Ch. 111, par. 5365)

4 (Section scheduled to be repealed on January 1, 2027)

5 Sec. 15. Disciplinary action; grounds.

6 (a) The Department may refuse to issue, refuse to renew,
7 suspend, or revoke any license, or may place on probation,
8 reprimand, or take other disciplinary or non-disciplinary
9 action deemed appropriate by the Department, including the
10 imposition of fines not to exceed \$10,000 for each violation,
11 with regard to any license issued under the provisions of this
12 Act for any one or a combination of the following reasons:

13 (1) Conviction of, or entry of a plea of guilty or nolo
14 contendere to, any crime that is a felony under the laws of
15 the United States or any state or territory thereof or
16 that is a misdemeanor of which an essential element is
17 dishonesty, or any crime that is directly related to the
18 practice of the profession.

19 (2) Gross negligence in the rendering of clinical
20 psychological services.

21 (3) Using fraud or making any misrepresentation in
22 applying for a license or in passing the examination
23 provided for in this Act.

24 (4) Aiding or abetting or conspiring to aid or abet a

1 person, not a clinical psychologist licensed under this
2 Act, in representing himself or herself as so licensed or
3 in applying for a license under this Act.

4 (5) Violation of any provision of this Act or the
5 rules promulgated thereunder.

6 (6) Professional connection or association with any
7 person, firm, association, partnership or corporation
8 holding himself, herself, themselves, or itself out in any
9 manner contrary to this Act.

10 (7) Unethical, unauthorized or unprofessional conduct
11 as defined by rule. In establishing those rules, the
12 Department shall consider, though is not bound by, the
13 ethical standards for psychologists promulgated by
14 recognized national psychology associations.

15 (8) Aiding or assisting another person in violating
16 any provisions of this Act or the rules promulgated
17 thereunder.

18 (9) Failing to provide, within 60 days, information in
19 response to a written request made by the Department.

20 (10) Habitual or excessive use or addiction to
21 alcohol, narcotics, stimulants, or any other chemical
22 agent or drug that results in a clinical psychologist's
23 inability to practice with reasonable judgment, skill or
24 safety.

25 (11) Discipline by another state, territory, the
26 District of Columbia or foreign country, if at least one

1 of the grounds for the discipline is the same or
2 substantially equivalent to those set forth herein.

3 (12) Directly or indirectly giving or receiving from
4 any person, firm, corporation, association or partnership
5 any fee, commission, rebate, or other form of compensation
6 for any professional service not actually or personally
7 rendered. Nothing in this paragraph (12) affects any bona
8 fide independent contractor or employment arrangements
9 among health care professionals, health facilities, health
10 care providers, or other entities, except as otherwise
11 prohibited by law. Any employment arrangements may include
12 provisions for compensation, health insurance, pension, or
13 other employment benefits for the provision of services
14 within the scope of the licensee's practice under this
15 Act. Nothing in this paragraph (12) shall be construed to
16 require an employment arrangement to receive professional
17 fees for services rendered.

18 (13) A finding that the licensee, after having his or
19 her license placed on probationary status, has violated
20 the terms of probation.

21 (14) Willfully making or filing false records or
22 reports, including but not limited to, false records or
23 reports filed with State agencies or departments.

24 (15) Physical illness, including but not limited to,
25 deterioration through the aging process, mental illness or
26 disability that results in the inability to practice the

1 profession with reasonable judgment, skill and safety.

2 (16) Willfully failing to report an instance of
3 suspected child abuse or neglect as required by the Abused
4 and Neglected Child Reporting Act.

5 (17) Being named as a perpetrator in an indicated
6 report by the Department of Children and Family Services
7 pursuant to the Abused and Neglected Child Reporting Act,
8 and upon proof by clear and convincing evidence that the
9 licensee has caused a child to be an abused child or
10 neglected child as defined in the Abused and Neglected
11 Child Reporting Act.

12 (18) Violation of the Health Care Worker Self-Referral
13 Act.

14 (19) Making a material misstatement in furnishing
15 information to the Department, any other State or federal
16 agency, or any other entity.

17 (20) Failing to report to the Department any adverse
18 judgment, settlement, or award arising from a liability
19 claim related to an act or conduct similar to an act or
20 conduct that would constitute grounds for action as set
21 forth in this Section.

22 (21) Failing to report to the Department any adverse
23 final action taken against a licensee or applicant by
24 another licensing jurisdiction, including any other state
25 or territory of the United States or any foreign state or
26 country, or any peer review body, health care institution,

1 professional society or association related to the
2 profession, governmental agency, law enforcement agency,
3 or court for an act or conduct similar to an act or conduct
4 that would constitute grounds for disciplinary action as
5 set forth in this Section.

6 (22) Prescribing, selling, administering,
7 distributing, giving, or self-administering (A) any drug
8 classified as a controlled substance (designated product)
9 for other than medically accepted therapeutic purposes or
10 (B) any narcotic drug.

11 (23) Violating state or federal laws or regulations
12 relating to controlled substances, legend drugs, or
13 ephedra as defined in the Ephedra Prohibition Act.

14 (24) Exceeding the terms of a collaborative agreement
15 or the prescriptive authority delegated to a licensee by
16 his or her collaborating physician or established under a
17 written collaborative agreement.

18 The entry of an order by any circuit court establishing
19 that any person holding a license under this Act is subject to
20 involuntary admission or judicial admission as provided for in
21 the Mental Health and Developmental Disabilities Code,
22 operates as an automatic suspension of that license. That
23 person may have his or her license restored only upon the
24 determination by a circuit court that the patient is no longer
25 subject to involuntary admission or judicial admission and the
26 issuance of an order so finding and discharging the patient

1 and upon the Board's recommendation to the Department that the
2 license be restored. Where the circumstances so indicate, the
3 Board may recommend to the Department that it require an
4 examination prior to restoring any license so automatically
5 suspended.

6 The Department shall refuse to issue or suspend the
7 license of any person who fails to file a return, or to pay the
8 tax, penalty or interest shown in a filed return, or to pay any
9 final assessment of the tax penalty or interest, as required
10 by any tax Act administered by the Illinois Department of
11 Revenue, until such time as the requirements of any such tax
12 Act are satisfied.

13 In enforcing this Section, the Department or Board upon a
14 showing of a possible violation may compel any person licensed
15 to practice under this Act, or who has applied for licensure or
16 certification pursuant to this Act, to submit to a mental or
17 physical examination, or both, as required by and at the
18 expense of the Department. The examining physicians or
19 clinical psychologists shall be those specifically designated
20 by the Department. The Board or the Department may order the
21 examining physician or clinical psychologist to present
22 testimony concerning this mental or physical examination of
23 the licensee or applicant. No information shall be excluded by
24 reason of any common law or statutory privilege relating to
25 communications between the licensee or applicant and the
26 examining physician or clinical psychologist. The person to be

1 examined may have, at his or her own expense, another
2 physician or clinical psychologist of his or her choice
3 present during all aspects of the examination. Failure of any
4 person to submit to a mental or physical examination, when
5 directed, shall be grounds for suspension of a license until
6 the person submits to the examination if the Department or
7 Board finds, after notice and hearing, that the refusal to
8 submit to the examination was without reasonable cause.

9 If the Department or Board finds a person unable to
10 practice because of the reasons set forth in this Section, the
11 Department or Board may require that person to submit to care,
12 counseling or treatment by physicians or clinical
13 psychologists approved or designated by the Department, as a
14 condition, term, or restriction for continued, reinstated, or
15 renewed licensure to practice; or, in lieu of care, counseling
16 or treatment, the Board may recommend to the Department to
17 file or the Department may file a complaint to immediately
18 suspend, revoke or otherwise discipline the license of the
19 person. Any person whose license was granted, continued,
20 reinstated, renewed, disciplined or supervised subject to such
21 terms, conditions or restrictions, and who fails to comply
22 with such terms, conditions or restrictions, shall be referred
23 to the Secretary for a determination as to whether the person
24 shall have his or her license suspended immediately, pending a
25 hearing by the Board.

26 In instances in which the Secretary immediately suspends a

1 person's license under this Section, a hearing on that
2 person's license must be convened by the Board within 15 days
3 after the suspension and completed without appreciable delay.
4 The Board shall have the authority to review the subject
5 person's record of treatment and counseling regarding the
6 impairment, to the extent permitted by applicable federal
7 statutes and regulations safeguarding the confidentiality of
8 medical records.

9 A person licensed under this Act and affected under this
10 Section shall be afforded an opportunity to demonstrate to the
11 Board that he or she can resume practice in compliance with
12 acceptable and prevailing standards under the provisions of
13 his or her license.

14 (b) The Department shall not revoke, suspend, summarily
15 suspend, place on prohibition, reprimand, refuse to issue or
16 renew, or take any other disciplinary or non-disciplinary
17 action against a license or permit issued under this Act based
18 solely upon the licensed clinical psychologist recommending,
19 aiding, assisting, referring for, or participating in any
20 health care service, so long as the care was otherwise
21 performed in accordance with the laws of this State,
22 regardless of whether the patient was a resident of this State
23 or another state.

24 (c) The Department shall not revoke, suspend, place on
25 prohibition, reprimand, refuse to issue or renew, or take any
26 other disciplinary or non-disciplinary action against the

1 license or permit issued under this Act to practice as a
2 licensed clinical psychologist based upon the licensed
3 clinical psychologist's license being revoked or suspended, or
4 the licensed clinical psychologist being otherwise disciplined
5 by any other state, if that revocation, suspension, or other
6 form of discipline was based solely on the licensed clinical
7 psychologist violating another state's laws prohibiting the
8 provision of, authorization of, recommendation of, aiding or
9 assisting in, referring for, or participation in any health
10 care service if that health care service as provided would
11 have been lawful and consistent with the standards of conduct
12 for the licensed clinical psychologist if it occurred in
13 Illinois.

14 (d) The conduct specified in subsection (b) or (c) shall
15 not constitute grounds for suspension under Section 21.6.

16 (e) The Department shall not revoke, suspend, summarily
17 suspend, place on prohibition, reprimand, refuse to issue or
18 renew, or take any other disciplinary or non-disciplinary
19 action against the license or permit issued under this Act to
20 practice as a licensed clinical psychologist based solely upon
21 the license of a licensed clinical psychologist being revoked
22 or the licensed clinical psychologist being otherwise
23 disciplined by any other state or territory other than
24 Illinois for the referral for or having otherwise participated
25 in any health care service, if the revocation or disciplinary
26 action was based solely on a violation of the other state's law

1 prohibiting related sexual or reproductive healthcare or
2 gender-affirming care services in the state, for a resident of
3 the state, or in any other state. Illinois retains the ability
4 to discipline a licensed clinical psychologist for care
5 provided that would otherwise constitute dishonorable,
6 unethical, or unprofessional conduct or gross negligence under
7 this Act and correlating rules.

8 (f) The Department may adopt rules to implement the
9 changes made by this amendatory Act of the 102nd General
10 Assembly.

11 (Source: P.A. 98-668, eff. 6-25-14; 99-572, eff. 7-15-16.)

12 Section 9-40. The Marriage and Family Therapy Licensing
13 Act is amended by changing Section 85 as follows:

14 (225 ILCS 55/85) (from Ch. 111, par. 8351-85)

15 (Section scheduled to be repealed on January 1, 2027)

16 Sec. 85. Refusal, revocation, or suspension.

17 (a) The Department may refuse to issue or renew a license,
18 or may revoke, suspend, reprimand, place on probation, or take
19 any other disciplinary or non-disciplinary action as the
20 Department may deem proper, including the imposition of fines
21 not to exceed \$10,000 for each violation, with regard to any
22 license issued under the provisions of this Act for any one or
23 combination of the following grounds:

24 (1) Material misstatement in furnishing information to

1 the Department.

2 (2) Violation of any provision of this Act or its
3 rules.

4 (3) Conviction of or entry of a plea of guilty or nolo
5 contendere, finding of guilt, jury verdict, or entry of
6 judgment or sentencing, including, but not limited to,
7 convictions, preceding sentences of supervision,
8 conditional discharge, or first offender probation, under
9 the laws of any jurisdiction of the United States that is
10 (i) a felony or (ii) a misdemeanor, an essential element
11 of which is dishonesty or that is directly related to the
12 practice of the profession.

13 (4) Fraud or misrepresentation in applying for or
14 procuring a license under this Act or in connection with
15 applying for renewal or restoration of a license under
16 this Act or its rules.

17 (5) Professional incompetence.

18 (6) Gross negligence in practice under this Act.

19 (7) Aiding or assisting another person in violating
20 any provision of this Act or its rules.

21 (8) Failing, within 60 days, to provide information in
22 response to a written request made by the Department.

23 (9) Engaging in dishonorable, unethical, or
24 unprofessional conduct of a character likely to deceive,
25 defraud or harm the public as defined by the rules of the
26 Department, or violating the rules of professional conduct

1 adopted by the Department.

2 (10) Habitual or excessive use or abuse of drugs
3 defined in law as controlled substances, of alcohol, or
4 any other substance that results in the inability to
5 practice with reasonable judgment, skill, or safety.

6 (11) Discipline by another jurisdiction if at least
7 one of the grounds for the discipline is the same or
8 substantially equivalent to those set forth in this Act.

9 (12) Directly or indirectly giving to or receiving
10 from any person, firm, corporation, partnership, or
11 association any fee, commission, rebate, or other form of
12 compensation for any professional services not actually or
13 personally rendered. Nothing in this paragraph (12)
14 affects any bona fide independent contractor or employment
15 arrangements among health care professionals, health
16 facilities, health care providers, or other entities,
17 except as otherwise prohibited by law. Any employment
18 arrangements may include provisions for compensation,
19 health insurance, pension, or other employment benefits
20 for the provision of services within the scope of the
21 licensee's practice under this Act. Nothing in this
22 paragraph (12) shall be construed to require an employment
23 arrangement to receive professional fees for services
24 rendered.

25 (13) A finding by the Department that the licensee,
26 after having his or her license placed on probationary

1 status, has violated the terms of probation or failed to
2 comply with the terms.

3 (14) Abandonment of a patient without cause.

4 (15) Willfully making or filing false records or
5 reports relating to a licensee's practice, including but
6 not limited to false records filed with State agencies or
7 departments.

8 (16) Willfully failing to report an instance of
9 suspected child abuse or neglect as required by the Abused
10 and Neglected Child Reporting Act.

11 (17) Being named as a perpetrator in an indicated
12 report by the Department of Children and Family Services
13 under the Abused and Neglected Child Reporting Act and
14 upon proof by clear and convincing evidence that the
15 licensee has caused a child to be an abused child or
16 neglected child as defined in the Abused and Neglected
17 Child Reporting Act.

18 (18) Physical illness or mental illness or impairment,
19 including, but not limited to, deterioration through the
20 aging process or loss of motor skill that results in the
21 inability to practice the profession with reasonable
22 judgment, skill, or safety.

23 (19) Solicitation of professional services by using
24 false or misleading advertising.

25 (20) A pattern of practice or other behavior that
26 demonstrates incapacity or incompetence to practice under

1 this Act.

2 (21) Practicing under a false or assumed name, except
3 as provided by law.

4 (22) Gross, willful, and continued overcharging for
5 professional services, including filing false statements
6 for collection of fees or moneys for which services are
7 not rendered.

8 (23) Failure to establish and maintain records of
9 patient care and treatment as required by law.

10 (24) Cheating on or attempting to subvert the
11 licensing examinations administered under this Act.

12 (25) Willfully failing to report an instance of
13 suspected abuse, neglect, financial exploitation, or
14 self-neglect of an eligible adult as defined in and
15 required by the Adult Protective Services Act.

16 (26) Being named as an abuser in a verified report by
17 the Department on Aging and under the Adult Protective
18 Services Act and upon proof by clear and convincing
19 evidence that the licensee abused, neglected, or
20 financially exploited an eligible adult as defined in the
21 Adult Protective Services Act.

22 (b) (Blank).

23 (b-1) The Department shall not revoke, suspend, summarily
24 suspend, place on prohibition, reprimand, refuse to issue or
25 renew, or take any other disciplinary or non-disciplinary
26 action against the license or permit issued under this Act to

1 practice as a marriage and family therapist or associate
2 licensed marriage and family therapist based solely upon the
3 marriage and family therapist or associate licensed marriage
4 and family therapist authorizing, recommending, aiding,
5 assisting, referring for, or otherwise participating in any
6 health care service, so long as the care was otherwise
7 performed in accordance with the laws of this State,
8 regardless of whether the patient was a resident of this State
9 or another state.

10 (b-2) The Department shall not revoke, suspend, summarily
11 suspend, place on prohibition, reprimand, refuse to issue or
12 renew, or take any other disciplinary or non-disciplinary
13 action against the license or permit issued under this Act to
14 practice as a marriage and family therapist or associate
15 licensed marriage and family therapist based upon the marriage
16 and family therapist's or associate licensed marriage and
17 family therapist's license being revoked or suspended, or the
18 marriage and family therapist or associate licensed marriage
19 and family therapist being otherwise disciplined by any other
20 state, if that revocation, suspension, or other form of
21 discipline was based solely on the marriage and family
22 therapist or associate licensed marriage and family therapist
23 violating another state's laws prohibiting the provision of,
24 authorization of, recommendation of, aiding or assisting in,
25 referring for, or participation in any health care service if
26 that health care service as provided would have been lawful

1 and consistent with the standards of conduct for the marriage
2 and family therapist or associate licensed marriage and family
3 therapist if it occurred in Illinois.

4 (b-3) The conduct specified in subsection (b-1) or (b-2)
5 shall not constitute grounds for suspension under Section 145.

6 (b-4) An applicant seeking licensure, certification, or
7 authorization pursuant to this Act who has been subject to
8 disciplinary action by a duly authorized professional
9 disciplinary agency of another jurisdiction solely on the
10 basis of having authorized, recommended, aided, assisted,
11 referred for, or otherwise participated in health care shall
12 not be denied such licensure, certification, or authorization,
13 unless the Department determines that such action would have
14 constituted professional misconduct in this State; provided
15 however, that nothing in this Section shall be construed as
16 prohibiting the Department from evaluating the conduct of such
17 applicant and making a determination regarding the licensure,
18 certification, or authorization to practice a profession under
19 this Act.

20 (c) The determination by a circuit court that a licensee
21 is subject to involuntary admission or judicial admission, as
22 provided in the Mental Health and Developmental Disabilities
23 Code, operates as an automatic suspension. The suspension will
24 terminate only upon a finding by a court that the patient is no
25 longer subject to involuntary admission or judicial admission
26 and the issuance of an order so finding and discharging the

1 patient, and upon the recommendation of the Board to the
2 Secretary that the licensee be allowed to resume his or her
3 practice as a licensed marriage and family therapist or an
4 associate licensed marriage and family therapist.

5 (d) The Department shall refuse to issue or may suspend
6 the license of any person who fails to file a return, pay the
7 tax, penalty, or interest shown in a filed return or pay any
8 final assessment of tax, penalty, or interest, as required by
9 any tax Act administered by the Illinois Department of
10 Revenue, until the time the requirements of the tax Act are
11 satisfied.

12 (e) In enforcing this Section, the Department or Board
13 upon a showing of a possible violation may compel an
14 individual licensed to practice under this Act, or who has
15 applied for licensure under this Act, to submit to a mental or
16 physical examination, or both, which may include a substance
17 abuse or sexual offender evaluation, as required by and at the
18 expense of the Department.

19 The Department shall specifically designate the examining
20 physician licensed to practice medicine in all of its branches
21 or, if applicable, the multidisciplinary team involved in
22 providing the mental or physical examination or both. The
23 multidisciplinary team shall be led by a physician licensed to
24 practice medicine in all of its branches and may consist of one
25 or more or a combination of physicians licensed to practice
26 medicine in all of its branches, licensed clinical

1 psychologists, licensed clinical social workers, licensed
2 clinical professional counselors, licensed marriage and family
3 therapists, and other professional and administrative staff.
4 Any examining physician or member of the multidisciplinary
5 team may require any person ordered to submit to an
6 examination and evaluation pursuant to this Section to submit
7 to any additional supplemental testing deemed necessary to
8 complete any examination or evaluation process, including, but
9 not limited to, blood testing, urinalysis, psychological
10 testing, or neuropsychological testing.

11 The Department may order the examining physician or any
12 member of the multidisciplinary team to provide to the
13 Department any and all records, including business records,
14 that relate to the examination and evaluation, including any
15 supplemental testing performed.

16 The Department or Board may order the examining physician
17 or any member of the multidisciplinary team to present
18 testimony concerning the mental or physical examination of the
19 licensee or applicant. No information, report, record, or
20 other documents in any way related to the examination shall be
21 excluded by reason of any common law or statutory privilege
22 relating to communications between the licensee or applicant
23 and the examining physician or any member of the
24 multidisciplinary team. No authorization is necessary from the
25 licensee or applicant ordered to undergo an examination for
26 the examining physician or any member of the multidisciplinary

1 team to provide information, reports, records, or other
2 documents or to provide any testimony regarding the
3 examination and evaluation.

4 The individual to be examined may have, at his or her own
5 expense, another physician of his or her choice present during
6 all aspects of this examination. However, that physician shall
7 be present only to observe and may not interfere in any way
8 with the examination.

9 Failure of an individual to submit to a mental or physical
10 examination, when ordered, shall result in an automatic
11 suspension of his or her license until the individual submits
12 to the examination.

13 If the Department or Board finds an individual unable to
14 practice because of the reasons set forth in this Section, the
15 Department or Board may require that individual to submit to
16 care, counseling, or treatment by physicians approved or
17 designated by the Department or Board, as a condition, term,
18 or restriction for continued, reinstated, or renewed licensure
19 to practice; or, in lieu of care, counseling, or treatment,
20 the Department may file, or the Board may recommend to the
21 Department to file, a complaint to immediately suspend,
22 revoke, or otherwise discipline the license of the individual.
23 An individual whose license was granted, continued,
24 reinstated, renewed, disciplined or supervised subject to such
25 terms, conditions, or restrictions, and who fails to comply
26 with such terms, conditions, or restrictions, shall be

1 referred to the Secretary for a determination as to whether
2 the individual shall have his or her license suspended
3 immediately, pending a hearing by the Department.

4 In instances in which the Secretary immediately suspends a
5 person's license under this Section, a hearing on that
6 person's license must be convened by the Department within 30
7 days after the suspension and completed without appreciable
8 delay. The Department and Board shall have the authority to
9 review the subject individual's record of treatment and
10 counseling regarding the impairment to the extent permitted by
11 applicable federal statutes and regulations safeguarding the
12 confidentiality of medical records.

13 An individual licensed under this Act and affected under
14 this Section shall be afforded an opportunity to demonstrate
15 to the Department or Board that he or she can resume practice
16 in compliance with acceptable and prevailing standards under
17 the provisions of his or her license.

18 (f) A fine shall be paid within 60 days after the effective
19 date of the order imposing the fine or in accordance with the
20 terms set forth in the order imposing the fine.

21 (g) The Department may adopt rules to implement the
22 changes made by this amendatory Act of the 102nd General
23 Assembly.

24 (Source: P.A. 100-372, eff. 8-25-17; 100-872, eff. 8-14-18.)

25 Section 9-45. The Licensed Certified Professional Midwife

1 Practice Act is amended by changing Section 100 as follows:

2 (225 ILCS 64/100)

3 (Section scheduled to be repealed on January 1, 2027)

4 Sec. 100. Grounds for disciplinary action.

5 (a) The Department may refuse to issue or to renew, or may
6 revoke, suspend, place on probation, reprimand, or take other
7 disciplinary or non-disciplinary action with regard to any
8 license issued under this Act as the Department may deem
9 proper, including the issuance of fines not to exceed \$10,000
10 for each violation, for any one or combination of the
11 following causes:

12 (1) Material misstatement in furnishing information to
13 the Department.

14 (2) Violations of this Act, or the rules adopted under
15 this Act.

16 (3) Conviction by plea of guilty or nolo contendere,
17 finding of guilt, jury verdict, or entry of judgment or
18 sentencing, including, but not limited to, convictions,
19 preceding sentences of supervision, conditional discharge,
20 or first offender probation, under the laws of any
21 jurisdiction of the United States that is: (i) a felony;
22 or (ii) a misdemeanor, an essential element of which is
23 dishonesty, or that is directly related to the practice of
24 the profession.

25 (4) Making any misrepresentation for the purpose of

1 obtaining licenses.

2 (5) Professional incompetence.

3 (6) Aiding or assisting another person in violating
4 any provision of this Act or its rules.

5 (7) Failing, within 60 days, to provide information in
6 response to a written request made by the Department.

7 (8) Engaging in dishonorable, unethical, or
8 unprofessional conduct, as defined by rule, of a character
9 likely to deceive, defraud, or harm the public.

10 (9) Habitual or excessive use or addiction to alcohol,
11 narcotics, stimulants, or any other chemical agent or drug
12 that results in a midwife's inability to practice with
13 reasonable judgment, skill, or safety.

14 (10) Discipline by another U.S. jurisdiction or
15 foreign nation, if at least one of the grounds for
16 discipline is the same or substantially equivalent to
17 those set forth in this Section.

18 (11) Directly or indirectly giving to or receiving
19 from any person, firm, corporation, partnership, or
20 association any fee, commission, rebate or other form of
21 compensation for any professional services not actually or
22 personally rendered. Nothing in this paragraph affects any
23 bona fide independent contractor or employment
24 arrangements, including provisions for compensation,
25 health insurance, pension, or other employment benefits,
26 with persons or entities authorized under this Act for the

1 provision of services within the scope of the licensee's
2 practice under this Act.

3 (12) A finding by the Department that the licensee,
4 after having his or her license placed on probationary
5 status, has violated the terms of probation.

6 (13) Abandonment of a patient.

7 (14) Willfully making or filing false records or
8 reports in his or her practice, including, but not limited
9 to, false records filed with state agencies or
10 departments.

11 (15) Willfully failing to report an instance of
12 suspected child abuse or neglect as required by the Abused
13 and Neglected Child Reporting Act.

14 (16) Physical illness, or mental illness or impairment
15 that results in the inability to practice the profession
16 with reasonable judgment, skill, or safety, including, but
17 not limited to, deterioration through the aging process or
18 loss of motor skill.

19 (17) Being named as a perpetrator in an indicated
20 report by the Department of Children and Family Services
21 under the Abused and Neglected Child Reporting Act, and
22 upon proof by clear and convincing evidence that the
23 licensee has caused a child to be an abused child or
24 neglected child as defined in the Abused and Neglected
25 Child Reporting Act.

26 (18) Gross negligence resulting in permanent injury or

1 death of a patient.

2 (19) Employment of fraud, deception, or any unlawful
3 means in applying for or securing a license as a licensed
4 certified profession midwife.

5 (21) Immoral conduct in the commission of any act,
6 including sexual abuse, sexual misconduct, or sexual
7 exploitation related to the licensee's practice.

8 (22) Violation of the Health Care Worker Self-Referral
9 Act.

10 (23) Practicing under a false or assumed name, except
11 as provided by law.

12 (24) Making a false or misleading statement regarding
13 his or her skill or the efficacy or value of the medicine,
14 treatment, or remedy prescribed by him or her in the
15 course of treatment.

16 (25) Allowing another person to use his or her license
17 to practice.

18 (26) Prescribing, selling, administering,
19 distributing, giving, or self-administering a drug
20 classified as a controlled substance for purposes other
21 than medically-accepted therapeutic purposes.

22 (27) Promotion of the sale of drugs, devices,
23 appliances, or goods provided for a patient in a manner to
24 exploit the patient for financial gain.

25 (28) A pattern of practice or other behavior that
26 demonstrates incapacity or incompetence to practice under

1 this Act.

2 (29) Violating State or federal laws, rules, or
3 regulations relating to controlled substances or other
4 legend drugs or ephedra as defined in the Ephedra
5 Prohibition Act.

6 (30) Failure to establish and maintain records of
7 patient care and treatment as required by law.

8 (31) Attempting to subvert or cheat on the examination
9 of the North American Registry of Midwives or its
10 successor agency.

11 (32) Willfully or negligently violating the
12 confidentiality between licensed certified professional
13 ~~profession~~ midwives and patient, except as required by
14 law.

15 (33) Willfully failing to report an instance of
16 suspected abuse, neglect, financial exploitation, or
17 self-neglect of an eligible adult as defined in and
18 required by the Adult Protective Services Act.

19 (34) Being named as an abuser in a verified report by
20 the Department on Aging under the Adult Protective
21 Services Act and upon proof by clear and convincing
22 evidence that the licensee abused, neglected, or
23 financially exploited an eligible adult as defined in the
24 Adult Protective Services Act.

25 (35) Failure to report to the Department an adverse
26 final action taken against him or her by another licensing

1 jurisdiction of the United States or a foreign state or
2 country, a peer review body, a health care institution, a
3 professional society or association, a governmental
4 agency, a law enforcement agency, or a court.

5 (36) Failure to provide copies of records of patient
6 care or treatment, except as required by law.

7 (37) Failure of a licensee to report to the Department
8 surrender by the licensee of a license or authorization to
9 practice in another state or jurisdiction or current
10 surrender by the licensee of membership professional
11 association or society while under disciplinary
12 investigation by any of those authorities or bodies for
13 acts or conduct similar to acts or conduct that would
14 constitute grounds for action under this Section.

15 (38) Failing, within 90 days, to provide a response to
16 a request for information in response to a written request
17 made by the Department by certified or registered mail or
18 by email to the email address of record.

19 (39) Failure to supervise a midwife assistant or
20 student midwife including, but not limited to, allowing a
21 midwife assistant or student midwife to exceed their
22 scope.

23 (40) Failure to adequately inform a patient about
24 their malpractice liability insurance coverage and the
25 policy limits of the coverage.

26 (41) Failure to submit an annual report to the

1 Department of Public Health.

2 (42) Failure to disclose active cardiopulmonary
3 resuscitation certification or neonatal resuscitation
4 provider status to clients.

5 (43) Engaging in one of the prohibited practices
6 provided for in Section 85 of this Act.

7 (a-1) The Department shall not revoke, suspend, summarily
8 suspend, place on prohibition, reprimand, refuse to issue or
9 renew, or take any other disciplinary or non-disciplinary
10 action against the license or permit issued under this Act to
11 practice as a certified professional midwife based solely upon
12 the certified professional midwife authorizing, recommending,
13 aiding, assisting, referring for, or otherwise participating
14 in any health care service, so long as the care was otherwise
15 performed in accordance with the laws of this State,
16 regardless of whether the patient was a resident of this State
17 or another state.

18 (a-2) The Department shall not revoke, suspend, summarily
19 suspend, place on prohibition, reprimand, refuse to issue or
20 renew, or take any other disciplinary or non-disciplinary
21 action against the license or permit issued under this Act to
22 practice as a certified professional midwife based upon the
23 certified professional midwife's license being revoked or
24 suspended, or the certified professional midwife being
25 otherwise disciplined by any other state, if that revocation,
26 suspension, or other form of discipline was based solely on

1 the certified professional midwife violating another state's
2 laws prohibiting the provision of, authorization of,
3 recommendation of, aiding or assisting in, referring for, or
4 participation in any health care service if that health care
5 service as provided would have been lawful and consistent with
6 the standards of conduct for the certified professional
7 midwife if it occurred in Illinois.

8 (a-3) The conduct specified in subsection (b-1) or (b-2)
9 shall not constitute grounds for suspension under Section 120.

10 (a-4) An applicant seeking licensure, certification, or
11 authorization pursuant to this Act who has been subject to
12 disciplinary action by a duly authorized professional
13 disciplinary agency of another jurisdiction solely on the
14 basis of having authorized, recommended, aided, assisted,
15 referred for, or otherwise participated in health care shall
16 not be denied such licensure, certification, or authorization,
17 unless the Department determines that such action would have
18 constituted professional misconduct in this State; provided
19 however, that nothing in this Section shall be construed as
20 prohibiting the Department from evaluating the conduct of such
21 applicant and making a determination regarding the licensure,
22 certification, or authorization to practice a profession under
23 this Act.

24 (b) The Department may, without a hearing, refuse to issue
25 or renew or may suspend the license of any person who fails to
26 file a return, or to pay the tax, penalty, or interest shown in

1 a filed return, or to pay any final assessment of the tax,
2 penalty, or interest as required by any tax Act administered
3 by the Department of Revenue, until the requirements of any
4 such tax Act are satisfied.

5 (c) The determination by a circuit court that a licensee
6 is subject to involuntary admission or judicial admission as
7 provided in the Mental Health and Developmental Disabilities
8 Code operates as an automatic suspension. The suspension will
9 end only upon a finding by a court that the patient is no
10 longer subject to involuntary admission or judicial admission
11 and issues an order so finding and discharging the patient,
12 and upon the recommendation of the Board to the Secretary that
13 the licensee be allowed to resume his or her practice.

14 (d) In enforcing this Section, the Department, upon a
15 showing of a possible violation, may compel an individual
16 licensed to practice under this Act, or who has applied for
17 licensure under this Act, to submit to a mental or physical
18 examination, or both, including a substance abuse or sexual
19 offender evaluation, as required by and at the expense of the
20 Department.

21 The Department shall specifically designate the examining
22 physician licensed to practice medicine in all of its branches
23 or, if applicable, the multidisciplinary team involved in
24 providing the mental or physical examination or both. The
25 multidisciplinary team shall be led by a physician licensed to
26 practice medicine in all of its branches and may consist of one

1 or more or a combination of physicians licensed to practice
2 medicine in all of its branches, licensed clinical
3 psychologists, licensed clinical social workers, licensed
4 clinical professional counselors, and other professional and
5 administrative staff. Any examining physician or member of the
6 multidisciplinary team may require any person ordered to
7 submit to an examination pursuant to this Section to submit to
8 any additional supplemental testing deemed necessary to
9 complete any examination or evaluation process, including, but
10 not limited to, blood testing, urinalysis, psychological
11 testing, or neuropsychological testing.

12 The Department may order the examining physician or any
13 member of the multidisciplinary team to provide to the
14 Department any and all records, including business records,
15 that relate to the examination and evaluation, including any
16 supplemental testing performed.

17 The Department may order the examining physician or any
18 member of the multidisciplinary team to present testimony
19 concerning the mental or physical examination of the licensee
20 or applicant. No information, report, record, or other
21 documents in any way related to the examination shall be
22 excluded by reason of any common law or statutory privilege
23 relating to communications between the licensee or applicant
24 and the examining physician or any member of the
25 multidisciplinary team. No authorization is necessary from the
26 licensee or applicant ordered to undergo an examination for

1 the examining physician or any member of the multidisciplinary
2 team to provide information, reports, records, or other
3 documents or to provide any testimony regarding the
4 examination and evaluation.

5 The individual to be examined may have, at his or her own
6 expense, another physician of his or her choice present during
7 all aspects of this examination. However, that physician shall
8 be present only to observe and may not interfere in any way
9 with the examination.

10 Failure of an individual to submit to a mental or physical
11 examination, when ordered, shall result in an automatic
12 suspension of his or her license until the individual submits
13 to the examination.

14 If the Department finds an individual unable to practice
15 because of the reasons set forth in this Section, the
16 Department may require that individual to submit to care,
17 counseling, or treatment by physicians approved or designated
18 by the Department, as a condition, term, or restriction for
19 continued, reinstated, or renewed licensure to practice; or,
20 in lieu of care, counseling, or treatment, the Department may
21 file a complaint to immediately suspend, revoke, or otherwise
22 discipline the license of the individual. An individual whose
23 license was granted, continued, reinstated, renewed,
24 disciplined, or supervised subject to such terms, conditions,
25 or restrictions, and who fails to comply with such terms,
26 conditions, or restrictions, shall be referred to the

1 Secretary for a determination as to whether the individual
2 shall have his or her license suspended immediately, pending a
3 hearing by the Department.

4 In instances in which the Secretary immediately suspends a
5 person's license under this Section, a hearing on that
6 person's license must be convened by the Department within 30
7 days after the suspension and completed without appreciable
8 delay. The Department shall have the authority to review the
9 subject individual's record of treatment and counseling
10 regarding the impairment to the extent permitted by applicable
11 federal statutes and regulations safeguarding the
12 confidentiality of medical records.

13 An individual licensed under this Act and affected under
14 this Section shall be afforded an opportunity to demonstrate
15 to the Department that he or she can resume practice in
16 compliance with acceptable and prevailing standards under the
17 provisions of his or her license.

18 (e) The Department may adopt rules to implement the
19 changes made by this amendatory Act of the 102nd General
20 Assembly.

21 (Source: P.A. 102-683, eff. 10-1-22.)

22 Section 9-50. The Professional Counselor and Clinical
23 Professional Counselor Licensing and Practice Act is amended
24 by changing Section 80 as follows:

1 (225 ILCS 107/80)

2 (Section scheduled to be repealed on January 1, 2028)

3 Sec. 80. Grounds for discipline.

4 (a) The Department may refuse to issue, renew, or may
5 revoke, suspend, place on probation, reprimand, or take other
6 disciplinary or non-disciplinary action as the Department
7 deems appropriate, including the issuance of fines not to
8 exceed \$10,000 for each violation, with regard to any license
9 for any one or more of the following:

10 (1) Material misstatement in furnishing information to
11 the Department or to any other State agency.

12 (2) Violations or negligent or intentional disregard
13 of this Act or rules adopted under this Act.

14 (3) Conviction by plea of guilty or nolo contendere,
15 finding of guilt, jury verdict, or entry of judgment or by
16 sentencing of any crime, including, but not limited to,
17 convictions, preceding sentences of supervision,
18 conditional discharge, or first offender probation, under
19 the laws of any jurisdiction of the United States: (i)
20 that is a felony or (ii) that is a misdemeanor, an
21 essential element of which is dishonesty, or that is
22 directly related to the practice of the profession.

23 (4) Fraud or any misrepresentation in applying for or
24 procuring a license under this Act or in connection with
25 applying for renewal of a license under this Act.

26 (5) Professional incompetence or gross negligence in

1 the rendering of professional counseling or clinical
2 professional counseling services.

3 (6) Malpractice.

4 (7) Aiding or assisting another person in violating
5 any provision of this Act or any rules.

6 (8) Failing to provide information within 60 days in
7 response to a written request made by the Department.

8 (9) Engaging in dishonorable, unethical, or
9 unprofessional conduct of a character likely to deceive,
10 defraud, or harm the public and violating the rules of
11 professional conduct adopted by the Department.

12 (10) Habitual or excessive use or abuse of drugs as
13 defined in law as controlled substances, alcohol, or any
14 other substance which results in inability to practice
15 with reasonable skill, judgment, or safety.

16 (11) Discipline by another jurisdiction, the District
17 of Columbia, territory, county, or governmental agency, if
18 at least one of the grounds for the discipline is the same
19 or substantially equivalent to those set forth in this
20 Section.

21 (12) Directly or indirectly giving to or receiving
22 from any person, firm, corporation, partnership, or
23 association any fee, commission, rebate or other form of
24 compensation for any professional service not actually
25 rendered. Nothing in this paragraph (12) affects any bona
26 fide independent contractor or employment arrangements

1 among health care professionals, health facilities, health
2 care providers, or other entities, except as otherwise
3 prohibited by law. Any employment arrangements may include
4 provisions for compensation, health insurance, pension, or
5 other employment benefits for the provision of services
6 within the scope of the licensee's practice under this
7 Act. Nothing in this paragraph (12) shall be construed to
8 require an employment arrangement to receive professional
9 fees for services rendered.

10 (13) A finding by the Board that the licensee, after
11 having the license placed on probationary status, has
12 violated the terms of probation.

13 (14) Abandonment of a client.

14 (15) Willfully filing false reports relating to a
15 licensee's practice, including but not limited to false
16 records filed with federal or State agencies or
17 departments.

18 (16) Willfully failing to report an instance of
19 suspected child abuse or neglect as required by the Abused
20 and Neglected Child Reporting Act and in matters
21 pertaining to suspected abuse, neglect, financial
22 exploitation, or self-neglect of adults with disabilities
23 and older adults as set forth in the Adult Protective
24 Services Act.

25 (17) Being named as a perpetrator in an indicated
26 report by the Department of Children and Family Services

1 pursuant to the Abused and Neglected Child Reporting Act,
2 and upon proof by clear and convincing evidence that the
3 licensee has caused a child to be an abused child or
4 neglected child as defined in the Abused and Neglected
5 Child Reporting Act.

6 (18) Physical or mental illness or disability,
7 including, but not limited to, deterioration through the
8 aging process or loss of abilities and skills which
9 results in the inability to practice the profession with
10 reasonable judgment, skill, or safety.

11 (19) Solicitation of professional services by using
12 false or misleading advertising.

13 (20) Allowing one's license under this Act to be used
14 by an unlicensed person in violation of this Act.

15 (21) A finding that licensure has been applied for or
16 obtained by fraudulent means.

17 (22) Practicing under a false or, except as provided
18 by law, an assumed name.

19 (23) Gross and willful overcharging for professional
20 services including filing statements for collection of
21 fees or monies for which services are not rendered.

22 (24) Rendering professional counseling or clinical
23 professional counseling services without a license or
24 practicing outside the scope of a license.

25 (25) Clinical supervisors failing to adequately and
26 responsibly monitor supervisees.

1 All fines imposed under this Section shall be paid within
2 60 days after the effective date of the order imposing the
3 fine.

4 (b) (Blank).

5 (b-1) The Department shall not revoke, suspend, summarily
6 suspend, place on prohibition, reprimand, refuse to issue or
7 renew, or take any other disciplinary or non-disciplinary
8 action against the license or permit issued under this Act to
9 practice as a professional counselor or clinical professional
10 counselor based solely upon the professional counselor or
11 clinical professional counselor authorizing, recommending,
12 aiding, assisting, referring for, or otherwise participating
13 in any health care service, so long as the care was otherwise
14 performed in accordance with the laws of this State,
15 regardless of whether the patient was a resident of this State
16 or another state.

17 (b-2) The Department shall not revoke, suspend, summarily
18 suspend, place on prohibition, reprimand, refuse to issue or
19 renew, or take any other disciplinary or non-disciplinary
20 action against the license or permit issued under this Act to
21 practice as a professional counselor or clinical professional
22 counselor based upon the professional counselor's or clinical
23 professional counselor's license being revoked or suspended,
24 or the professional counselor or clinical professional
25 counselor being otherwise disciplined by any other state, if
26 that revocation, suspension, or other form of discipline was

1 based solely on the professional counselor or clinical
2 professional counselor violating another state's laws
3 prohibiting the provision of, authorization of, recommendation
4 of, aiding or assisting in, referring for, or participation in
5 any health care service if that health care service as
6 provided would have been lawful and consistent with the
7 standards of conduct for the professional counselor or
8 clinical professional counselor if it occurred in Illinois.

9 (b-3) The conduct specified in subsection (b-1) or (b-2)
10 shall not constitute grounds for suspension under Section 145.

11 (b-4) An applicant seeking licensure, certification, or
12 authorization pursuant to this Act who has been subject to
13 disciplinary action by a duly authorized professional
14 disciplinary agency of another jurisdiction solely on the
15 basis of having authorized, recommended, aided, assisted,
16 referred for, or otherwise participated in health care shall
17 not be denied such licensure, certification, or authorization,
18 unless the Department determines that such action would have
19 constituted professional misconduct in this State; provided
20 however, that nothing in this Section shall be construed as
21 prohibiting the Department from evaluating the conduct of such
22 applicant and making a determination regarding the licensure,
23 certification, or authorization to practice a profession under
24 this Act.

25 (b-5) The Department may refuse to issue or may suspend
26 without hearing, as provided for in the Code of Civil

1 Procedure, the license of any person who fails to file a
2 return, pay the tax, penalty, or interest shown in a filed
3 return, or pay any final assessment of the tax, penalty, or
4 interest as required by any tax Act administered by the
5 Illinois Department of Revenue, until such time as the
6 requirements of any such tax Act are satisfied in accordance
7 with subsection (g) of Section 2105-15 of the Department of
8 Professional Regulation Law of the Civil Administrative Code
9 of Illinois.

10 (b-10) In cases where the Department of Healthcare and
11 Family Services has previously determined a licensee or a
12 potential licensee is more than 30 days delinquent in the
13 payment of child support and has subsequently certified the
14 delinquency to the Department, the Department may refuse to
15 issue or renew or may revoke or suspend that person's license
16 or may take other disciplinary action against that person
17 based solely upon the certification of delinquency made by the
18 Department of Healthcare and Family Services in accordance
19 with item (5) of subsection (a) of Section 2105-15 of the
20 Department of Professional Regulation Law of the Civil
21 Administrative Code of Illinois.

22 (c) The determination by a court that a licensee is
23 subject to involuntary admission or judicial admission as
24 provided in the Mental Health and Developmental Disabilities
25 Code will result in an automatic suspension of his or her
26 license. The suspension will end upon a finding by a court that

1 the licensee is no longer subject to involuntary admission or
2 judicial admission, the issuance of an order so finding and
3 discharging the patient, and the recommendation of the Board
4 to the Secretary that the licensee be allowed to resume
5 professional practice.

6 (c-5) In enforcing this Act, the Department, upon a
7 showing of a possible violation, may compel an individual
8 licensed to practice under this Act, or who has applied for
9 licensure under this Act, to submit to a mental or physical
10 examination, or both, as required by and at the expense of the
11 Department. The Department may order the examining physician
12 to present testimony concerning the mental or physical
13 examination of the licensee or applicant. No information shall
14 be excluded by reason of any common law or statutory privilege
15 relating to communications between the licensee or applicant
16 and the examining physician. The examining physicians shall be
17 specifically designated by the Department. The individual to
18 be examined may have, at his or her own expense, another
19 physician of his or her choice present during all aspects of
20 this examination. The examination shall be performed by a
21 physician licensed to practice medicine in all its branches.
22 Failure of an individual to submit to a mental or physical
23 examination, when directed, shall result in an automatic
24 suspension without hearing.

25 All substance-related violations shall mandate an
26 automatic substance abuse assessment. Failure to submit to an

1 assessment by a licensed physician who is certified as an
2 addictionist or an advanced practice registered nurse with
3 specialty certification in addictions may be grounds for an
4 automatic suspension.

5 If the Department finds an individual unable to practice
6 or unfit for duty because of the reasons set forth in this
7 subsection (c-5), the Department may require that individual
8 to submit to a substance abuse evaluation or treatment by
9 individuals or programs approved or designated by the
10 Department, as a condition, term, or restriction for
11 continued, restored, or renewed licensure to practice; or, in
12 lieu of evaluation or treatment, the Department may file, or
13 the Board may recommend to the Department to file, a complaint
14 to immediately suspend, revoke, or otherwise discipline the
15 license of the individual. An individual whose license was
16 granted, continued, restored, renewed, disciplined, or
17 supervised subject to such terms, conditions, or restrictions,
18 and who fails to comply with such terms, conditions, or
19 restrictions, shall be referred to the Secretary for a
20 determination as to whether the individual shall have his or
21 her license suspended immediately, pending a hearing by the
22 Department.

23 A person holding a license under this Act or who has
24 applied for a license under this Act who, because of a physical
25 or mental illness or disability, including, but not limited
26 to, deterioration through the aging process or loss of motor

1 skill, is unable to practice the profession with reasonable
2 judgment, skill, or safety, may be required by the Department
3 to submit to care, counseling, or treatment by physicians
4 approved or designated by the Department as a condition, term,
5 or restriction for continued, reinstated, or renewed licensure
6 to practice. Submission to care, counseling, or treatment as
7 required by the Department shall not be considered discipline
8 of a license. If the licensee refuses to enter into a care,
9 counseling, or treatment agreement or fails to abide by the
10 terms of the agreement, the Department may file a complaint to
11 revoke, suspend, or otherwise discipline the license of the
12 individual. The Secretary may order the license suspended
13 immediately, pending a hearing by the Department. Fines shall
14 not be assessed in disciplinary actions involving physical or
15 mental illness or impairment.

16 In instances in which the Secretary immediately suspends a
17 person's license under this Section, a hearing on that
18 person's license must be convened by the Department within 15
19 days after the suspension and completed without appreciable
20 delay. The Department shall have the authority to review the
21 subject individual's record of treatment and counseling
22 regarding the impairment to the extent permitted by applicable
23 federal statutes and regulations safeguarding the
24 confidentiality of medical records.

25 An individual licensed under this Act and affected under
26 this Section shall be afforded an opportunity to demonstrate

1 to the Department that he or she can resume practice in
2 compliance with acceptable and prevailing standards under the
3 provisions of his or her license.

4 (d) (Blank).

5 (e) The Department may adopt rules to implement the
6 changes made by this amendatory Act of the 102nd General
7 Assembly.

8 (Source: P.A. 102-878, eff. 1-1-23.)

9 Section 9-55. The Registered Surgical Assistant and
10 Registered Surgical Technologist Title Protection Act is
11 amended by changing Section 75 as follows:

12 (225 ILCS 130/75)

13 (Section scheduled to be repealed on January 1, 2024)

14 Sec. 75. Grounds for disciplinary action.

15 (a) The Department may refuse to issue, renew, or restore
16 a registration, may revoke or suspend a registration, or may
17 place on probation, reprimand, or take other disciplinary or
18 non-disciplinary action with regard to a person registered
19 under this Act, including but not limited to the imposition of
20 fines not to exceed \$10,000 for each violation and the
21 assessment of costs as provided for in Section 90, for any one
22 or combination of the following causes:

23 (1) Making a material misstatement in furnishing
24 information to the Department.

1 (2) Violating a provision of this Act or rules adopted
2 under this Act.

3 (3) Conviction by plea of guilty or nolo contendere,
4 finding of guilt, jury verdict, or entry of judgment or by
5 sentencing of any crime, including, but not limited to,
6 convictions, preceding sentences of supervision,
7 conditional discharge, or first offender probation, under
8 the laws of any jurisdiction of the United States that is
9 (i) a felony or (ii) a misdemeanor, an essential element
10 of which is dishonesty, or that is directly related to the
11 practice of the profession.

12 (4) Fraud or misrepresentation in applying for,
13 renewing, restoring, reinstating, or procuring a
14 registration under this Act.

15 (5) Aiding or assisting another person in violating a
16 provision of this Act or its rules.

17 (6) Failing to provide information within 60 days in
18 response to a written request made by the Department.

19 (7) Engaging in dishonorable, unethical, or
20 unprofessional conduct of a character likely to deceive,
21 defraud, or harm the public, as defined by rule of the
22 Department.

23 (8) Discipline by another United States jurisdiction,
24 governmental agency, unit of government, or foreign
25 nation, if at least one of the grounds for discipline is
26 the same or substantially equivalent to those set forth in

1 this Section.

2 (9) Directly or indirectly giving to or receiving from
3 a person, firm, corporation, partnership, or association a
4 fee, commission, rebate, or other form of compensation for
5 professional services not actually or personally rendered.
6 Nothing in this paragraph (9) affects any bona fide
7 independent contractor or employment arrangements among
8 health care professionals, health facilities, health care
9 providers, or other entities, except as otherwise
10 prohibited by law. Any employment arrangements may include
11 provisions for compensation, health insurance, pension, or
12 other employment benefits for the provision of services
13 within the scope of the registrant's practice under this
14 Act. Nothing in this paragraph (9) shall be construed to
15 require an employment arrangement to receive professional
16 fees for services rendered.

17 (10) A finding by the Department that the registrant,
18 after having his or her registration placed on
19 probationary status, has violated the terms of probation.

20 (11) Willfully making or filing false records or
21 reports in his or her practice, including but not limited
22 to false records or reports filed with State agencies.

23 (12) Willfully making or signing a false statement,
24 certificate, or affidavit to induce payment.

25 (13) Willfully failing to report an instance of
26 suspected child abuse or neglect as required under the

1 Abused and Neglected Child Reporting Act.

2 (14) Being named as a perpetrator in an indicated
3 report by the Department of Children and Family Services
4 under the Abused and Neglected Child Reporting Act and
5 upon proof by clear and convincing evidence that the
6 registrant has caused a child to be an abused child or
7 neglected child as defined in the Abused and Neglected
8 Child Reporting Act.

9 (15) (Blank).

10 (16) Failure to report to the Department (A) any
11 adverse final action taken against the registrant by
12 another registering or licensing jurisdiction, government
13 agency, law enforcement agency, or any court or (B)
14 liability for conduct that would constitute grounds for
15 action as set forth in this Section.

16 (17) Habitual or excessive use or abuse of drugs
17 defined in law as controlled substances, alcohol, or any
18 other substance that results in the inability to practice
19 with reasonable judgment, skill, or safety.

20 (18) Physical or mental illness, including but not
21 limited to deterioration through the aging process or loss
22 of motor skills, which results in the inability to
23 practice the profession for which he or she is registered
24 with reasonable judgment, skill, or safety.

25 (19) Gross malpractice.

26 (20) Immoral conduct in the commission of an act

1 related to the registrant's practice, including but not
2 limited to sexual abuse, sexual misconduct, or sexual
3 exploitation.

4 (21) Violation of the Health Care Worker Self-Referral
5 Act.

6 (a-1) The Department shall not revoke, suspend, summarily
7 suspend, place on prohibition, reprimand, refuse to issue or
8 renew, or take any other disciplinary or non-disciplinary
9 action against the license or permit issued under this Act to
10 practice as a surgical assistant or surgical technologist
11 based solely upon the surgical assistant or surgical
12 technologist authorizing, recommending, aiding, assisting,
13 referring for, or otherwise participating in any health care
14 service, so long as the care was otherwise performed in
15 accordance with the laws of this State, regardless of whether
16 the patient was a resident of this State or another state.

17 (a-2) The Department shall not revoke, suspend, summarily
18 suspend, place on prohibition, reprimand, refuse to issue or
19 renew, or take any other disciplinary or non-disciplinary
20 action against the license or permit issued under this Act to
21 practice as a surgical assistant or surgical technologist
22 based upon the surgical assistant's or surgical technologist's
23 license being revoked or suspended, or the surgical assistant
24 or surgical technologist being otherwise disciplined by any
25 other state, if that revocation, suspension, or other form of
26 discipline was based solely on the surgical assistant or

1 surgical technologist violating another state's laws
2 prohibiting the provision of, authorization of, recommendation
3 of, aiding or assisting in, referring for, or participation in
4 any health care service if that health care service as
5 provided would have been lawful and consistent with the
6 standards of conduct for the surgical assistant or surgical
7 technologist if it occurred in Illinois.

8 (a-3) The conduct specified in subsection (b-1) or (b-2)
9 shall not constitute grounds for suspension under Section 145.

10 (a-4) An applicant seeking licensure, certification, or
11 authorization pursuant to this Act who has been subject to
12 disciplinary action by a duly authorized professional
13 disciplinary agency of another jurisdiction solely on the
14 basis of having authorized, recommended, aided, assisted,
15 referred for, or otherwise participated in health care shall
16 not be denied such licensure, certification, or authorization,
17 unless the Department determines that such action would have
18 constituted professional misconduct in this State; provided
19 however, that nothing in this Section shall be construed as
20 prohibiting the Department from evaluating the conduct of such
21 applicant and making a determination regarding the licensure,
22 certification, or authorization to practice a profession under
23 this Act.

24 (b) The Department may refuse to issue or may suspend
25 without hearing the registration of a person who fails to file
26 a return, to pay the tax, penalty, or interest shown in a filed

1 return, or to pay a final assessment of the tax, penalty, or
2 interest as required by a tax Act administered by the
3 Department of Revenue, until the requirements of the tax Act
4 are satisfied in accordance with subsection (g) of Section
5 2105-15 of the Department of Regulation Law of the Civil
6 Administrative Code of Illinois.

7 (c) The determination by a circuit court that a registrant
8 is subject to involuntary admission or judicial admission as
9 provided in the Mental Health and Developmental Disabilities
10 Code operates as an automatic suspension. The suspension will
11 end only upon (1) a finding by a court that the patient is no
12 longer subject to involuntary admission or judicial admission,
13 (2) issuance of an order so finding and discharging the
14 patient, and (3) filing of a petition for restoration
15 demonstrating fitness to practice.

16 (d) (Blank).

17 (e) In cases where the Department of Healthcare and Family
18 Services has previously determined a registrant or a potential
19 registrant is more than 30 days delinquent in the payment of
20 child support and has subsequently certified the delinquency
21 to the Department, the Department may refuse to issue or renew
22 or may revoke or suspend that person's registration or may
23 take other disciplinary action against that person based
24 solely upon the certification of delinquency made by the
25 Department of Healthcare and Family Services in accordance
26 with paragraph (5) of subsection (a) of Section 2105-15 of the

1 Department of Professional Regulation Law of the Civil
2 Administrative Code of Illinois.

3 (f) In enforcing this Section, the Department, upon a
4 showing of a possible violation, may compel any individual
5 registered under this Act or any individual who has applied
6 for registration to submit to a mental or physical examination
7 and evaluation, or both, that may include a substance abuse or
8 sexual offender evaluation, at the expense of the Department.
9 The Department shall specifically designate the examining
10 physician licensed to practice medicine in all of its branches
11 or, if applicable, the multidisciplinary team involved in
12 providing the mental or physical examination and evaluation,
13 or both. The multidisciplinary team shall be led by a
14 physician licensed to practice medicine in all of its branches
15 and may consist of one or more or a combination of physicians
16 licensed to practice medicine in all of its branches, licensed
17 chiropractic physicians, licensed clinical psychologists,
18 licensed clinical social workers, licensed clinical
19 professional counselors, and other professional and
20 administrative staff. Any examining physician or member of the
21 multidisciplinary team may require any person ordered to
22 submit to an examination and evaluation pursuant to this
23 Section to submit to any additional supplemental testing
24 deemed necessary to complete any examination or evaluation
25 process, including, but not limited to, blood testing,
26 urinalysis, psychological testing, or neuropsychological

1 testing.

2 The Department may order the examining physician or any
3 member of the multidisciplinary team to provide to the
4 Department any and all records, including business records,
5 that relate to the examination and evaluation, including any
6 supplemental testing performed. The Department may order the
7 examining physician or any member of the multidisciplinary
8 team to present testimony concerning this examination and
9 evaluation of the registrant or applicant, including testimony
10 concerning any supplemental testing or documents relating to
11 the examination and evaluation. No information, report,
12 record, or other documents in any way related to the
13 examination and evaluation shall be excluded by reason of any
14 common law or statutory privilege relating to communication
15 between the registrant or applicant and the examining
16 physician or any member of the multidisciplinary team. No
17 authorization is necessary from the registrant or applicant
18 ordered to undergo an evaluation and examination for the
19 examining physician or any member of the multidisciplinary
20 team to provide information, reports, records, or other
21 documents or to provide any testimony regarding the
22 examination and evaluation. The individual to be examined may
23 have, at his or her own expense, another physician of his or
24 her choice present during all aspects of the examination.

25 Failure of any individual to submit to mental or physical
26 examination and evaluation, or both, when directed, shall

1 result in an automatic suspension without a hearing until such
2 time as the individual submits to the examination. If the
3 Department finds a registrant unable to practice because of
4 the reasons set forth in this Section, the Department shall
5 require such registrant to submit to care, counseling, or
6 treatment by physicians approved or designated by the
7 Department as a condition for continued, reinstated, or
8 renewed registration.

9 When the Secretary immediately suspends a registration
10 under this Section, a hearing upon such person's registration
11 must be convened by the Department within 15 days after such
12 suspension and completed without appreciable delay. The
13 Department shall have the authority to review the registrant's
14 record of treatment and counseling regarding the impairment to
15 the extent permitted by applicable federal statutes and
16 regulations safeguarding the confidentiality of medical
17 records.

18 Individuals registered under this Act and affected under
19 this Section shall be afforded an opportunity to demonstrate
20 to the Department that they can resume practice in compliance
21 with acceptable and prevailing standards under the provisions
22 of their registration.

23 (g) All fines imposed under this Section shall be paid
24 within 60 days after the effective date of the order imposing
25 the fine or in accordance with the terms set forth in the order
26 imposing the fine.

1 (h) The Department may adopt rules to implement the
2 changes made by this amendatory Act of the 102nd General
3 Assembly.

4 (Source: P.A. 100-872, eff. 8-14-18.)

5 Article 10

6 Section 10-5. The Medical Practice Act of 1987 is amended
7 by changing Section 2 and by adding Section 66 as follows:

8 (225 ILCS 60/2) (from Ch. 111, par. 4400-2)

9 (Section scheduled to be repealed on January 1, 2027)

10 Sec. 2. Definitions. For purposes of this Act, the
11 following definitions shall have the following meanings,
12 except where the context requires otherwise:

13 "Act" means the Medical Practice Act of 1987.

14 "Address of record" means the designated address recorded
15 by the Department in the applicant's or licensee's application
16 file or license file as maintained by the Department's
17 licensure maintenance unit.

18 "Chiropractic physician" means a person licensed to treat
19 human ailments without the use of drugs and without operative
20 surgery. Nothing in this Act shall be construed to prohibit a
21 chiropractic physician from providing advice regarding the use
22 of non-prescription products or from administering atmospheric
23 oxygen. Nothing in this Act shall be construed to authorize a

1 chiropractic physician to prescribe drugs.

2 "Department" means the Department of Financial and
3 Professional Regulation.

4 "Disciplinary action" means revocation, suspension,
5 probation, supervision, practice modification, reprimand,
6 required education, fines or any other action taken by the
7 Department against a person holding a license.

8 "Email address of record" means the designated email
9 address recorded by the Department in the applicant's
10 application file or the licensee's license file, as maintained
11 by the Department's licensure maintenance unit.

12 "Final determination" means the governing body's final
13 action taken under the procedure followed by a health care
14 institution, or professional association or society, against
15 any person licensed under the Act in accordance with the
16 bylaws or rules and regulations of such health care
17 institution, or professional association or society.

18 "Fund" means the Illinois State Medical Disciplinary Fund.

19 "Impaired" means the inability to practice medicine with
20 reasonable skill and safety due to physical or mental
21 disabilities as evidenced by a written determination or
22 written consent based on clinical evidence including
23 deterioration through the aging process or loss of motor
24 skill, or abuse of drugs or alcohol, of sufficient degree to
25 diminish a person's ability to deliver competent patient care.

26 "Medical Board" means the Illinois State Medical Board.

1 "Physician" means a person licensed under the Medical
2 Practice Act to practice medicine in all of its branches or a
3 chiropractic physician.

4 "Professional association" means an association or society
5 of persons licensed under this Act, and operating within the
6 State of Illinois, including but not limited to, medical
7 societies, osteopathic organizations, and chiropractic
8 organizations, but this term shall not be deemed to include
9 hospital medical staffs.

10 "Program of care, counseling, or treatment" means a
11 written schedule of organized treatment, care, counseling,
12 activities, or education, satisfactory to the Medical Board,
13 designed for the purpose of restoring an impaired person to a
14 condition whereby the impaired person can practice medicine
15 with reasonable skill and safety of a sufficient degree to
16 deliver competent patient care.

17 "Reinstate" means to change the status of a license or
18 permit from inactive or nonrenewed status to active status.

19 "Restore" means to remove an encumbrance from a license or
20 permit due to probation, suspension, or revocation.

21 "Secretary" means the Secretary of Financial and
22 Professional Regulation.

23 (Source: P.A. 102-20, eff. 1-1-22.)

24 (225 ILCS 60/66 new)

25 Sec. 66. Temporary permit for health care.

1 (a) The Department may issue a temporary permit
2 authorizing the practice in this State of health care, to an
3 applicant who is licensed to practice medicine in another
4 state, if all of the following apply:

5 (1) The Department determines that the applicant's
6 services will improve the welfare of Illinois residents
7 and non-residents requiring health care services.

8 (2) The applicant has graduated from a medical program
9 officially recognized by the jurisdiction in which it is
10 located for the purpose of receiving a license to practice
11 medicine in all of its branches, and maintains an
12 equivalent authorization to practice medicine in good
13 standing in the applicant's current state or territory of
14 licensure; and the applicant can furnish the Department
15 with a certified letter upon request from that
16 jurisdiction attesting to the fact that the applicant has
17 no pending action or violations against the applicant's
18 license.

19 The Department will not consider a physician license
20 being revoked or otherwise disciplined by any state or
21 territory based solely on the physician providing,
22 authorizing, recommending, aiding, assisting, referring
23 for, or otherwise participating in any health care service
24 that is unlawful or prohibited in that state or territory,
25 if the provision of, authorization of, or participation in
26 that health care, medical service, or procedure related to

1 any health care service is not unlawful or prohibited in
2 this State.

3 (3) The applicant has sufficient training and
4 possesses the appropriate core competencies to provide
5 health care services, and is physically, mentally, and
6 professionally capable of practicing medicine with
7 reasonable judgment, skill, and safety and in accordance
8 with applicable standards of care.

9 (4) The applicant will be working pursuant to an
10 agreement with a sponsoring licensed hospital, medical
11 office, clinic, or other medical facility providing
12 abortion or other health care services. Such agreement
13 shall be executed by an authorized representative of the
14 licensed hospital, medical office, clinic, or other
15 medical facility, certifying that the physician holds an
16 active license and is in good standing in the state in
17 which the physician is licensed. If an applicant for a
18 temporary permit has been previously disciplined by
19 another jurisdiction, except as described in paragraph
20 (2), further review may be conducted pursuant to the Civil
21 Administrative Code and the Medical Practice Act of 1987.
22 The application shall include the physician's name,
23 contact information, state of licensure, and license
24 number.

25 (5) Payment of a \$75 fee.
26 The sponsoring licensed hospital, medical office, clinic,

1 or other medical facility engaged in the agreement with the
2 applicant shall notify the Department should the applicant at
3 any point leave or become separate from the sponsor.

4 The Department may adopt rules pursuant to this Section.

5 (b) A temporary permit under this Section shall expire 2
6 years after the date of issuance. The temporary permit may be
7 renewed for a \$45 fee for an additional 2 years. A holder of a
8 temporary permit may only renew one time.

9 (c) The temporary permit shall only permit the holder to
10 practice medicine within the scope of providing health care
11 services at the location or locations specified on the permit.

12 (d) An application for the temporary permit shall be made
13 to the Department, in writing, on forms prescribed by the
14 Department, and shall be accompanied by a non-refundable fee
15 of \$75.

16 (e) An applicant for temporary permit may be requested to
17 appear before the Board to respond to questions concerning the
18 applicant's qualifications to receive the permit. An
19 applicant's refusal to appear before the Illinois State
20 Medical Board may be grounds for denial of the application by
21 the Department.

22 (f) The Secretary may summarily cancel any temporary
23 permit issued pursuant to this Section, without a hearing, if
24 the Secretary finds that evidence in the Secretary's
25 possession indicates that a permit holder's continuation in
26 practice would constitute an imminent danger to the public or

1 violate any provision of the Medical Practice Act of 1987 or
2 its rules.

3 If the Secretary summarily cancels a temporary permit
4 issued pursuant to this Section or Act, the permit holder may
5 petition the Department for a hearing in accordance with the
6 provisions of Section 43 to restore the permit holder's
7 permit, unless the permit holder has exceeded the permit
8 holder's renewal limit.

9 (g) In addition to terminating any temporary permit issued
10 pursuant to this Section or Act, the Department may issue a
11 monetary penalty not to exceed \$10,000 upon the temporary
12 permit holder and may notify any state in which the temporary
13 permit holder has been issued a permit that the temporary
14 permit holder's Illinois permit has been terminated and the
15 reasons for the termination. The monetary penalty shall be
16 paid within 60 days after the effective date of the order
17 imposing the penalty. The order shall constitute a judgment
18 and may be filed and execution had thereon in the same manner
19 as any judgment from any court of record. It is the intent of
20 the General Assembly that a permit issued pursuant to this
21 Section shall be considered a privilege and not a property
22 right.

23 (h) While working in Illinois, all temporary permit
24 holders are subject to all statutory and regulatory
25 requirements of the Medical Practice Act of 1987 in the same
26 manner as a licensee. Failure to adhere to all statutory and

1 regulatory requirements may result in revocation or other
2 discipline of the temporary permit.

3 (i) If the Department becomes aware of a violation
4 occurring at the licensed hospital, medical office, clinic, or
5 other medical facility, the Department shall notify the
6 Department of Public Health.

7 (j) The Department may adopt emergency rules pursuant to
8 this Section. The General Assembly finds that the adoption of
9 rules to implement a temporary permit for health care services
10 is deemed an emergency and necessary for the public interest,
11 safety, and welfare.

12 Section 10-10. The Nurse Practice Act is amended by adding
13 Sections 65-11 and 65-11.5 as follows:

14 (225 ILCS 65/65-11 new)

15 Sec. 65-11. Temporary permit for advanced practice
16 registered nurses for health care.

17 (a) The Department may issue a temporary permit to
18 advanced practice registered nurses authorizing the practice,
19 with a collaborating physician, in this State of health care,
20 to an applicant who is licensed to practice as an advanced
21 practice registered nurse in another state, if all of the
22 following apply:

23 (1) The Department determines that the applicant's
24 services will improve the welfare of Illinois residents

1 and non-residents requiring health care services.

2 (2) The applicant has obtained a graduate degree
3 appropriate for national certification in a clinical
4 advanced practice registered nursing specialty or a
5 graduate degree or post-master's certificate from a
6 graduate level program in a clinical advanced practice
7 registered nursing specialty; the applicant has submitted
8 verification of licensure status in good standing in the
9 applicant's current state or territory of licensure; and
10 the applicant can furnish the Department with a certified
11 letter upon request from that jurisdiction attesting to
12 the fact that the applicant has no pending action or
13 violations against the applicant's license.

14 The Department will not consider an advanced practice
15 registered nurse's license being revoked or otherwise
16 disciplined by any state or territory based solely on the
17 advanced practice registered nurse providing, authorizing,
18 recommending, aiding, assisting, referring for, or
19 otherwise participating in any health care service that is
20 unlawful or prohibited in that state or territory, if the
21 provision of, authorization of, or participation in that
22 health care, medical service, or procedure related to any
23 health care service is not unlawful or prohibited in this
24 State.

25 (3) The applicant has sufficient training and
26 possesses the appropriate core competencies to provide

1 health care services, and is physically, mentally, and
2 professionally capable of practicing as an advanced
3 practice registered nurse with reasonable judgment, skill,
4 and safety and in accordance with applicable standards of
5 care.

6 (4) The applicant must meet the written collaborating
7 agreement requirements under Section 65-35.

8 (5) The applicant will be working pursuant to an
9 agreement with a sponsoring licensed hospital, medical
10 office, clinic, or other medical facility providing health
11 care services. Such agreement shall be executed by an
12 authorized representative of the licensed hospital,
13 medical office, clinic, or other medical facility,
14 certifying that the advanced practice registered nurse
15 holds an active license and is in good standing in the
16 state in which the advanced practice registered nurse is
17 licensed. If an applicant for a temporary permit has been
18 previously disciplined by another jurisdiction, except as
19 described in paragraph (2), further review may be
20 conducted pursuant to the Civil Administrative Code and
21 the Nurse Practice Act. The application shall include the
22 advanced practice registered nurse's name, contact
23 information, state of licensure, and license number.

24 (6) Payment of a \$75 fee.

25 The sponsoring licensed hospital, medical office, clinic,
26 or other medical facility engaged in the agreement with the

1 applicant shall notify the Department should the applicant at
2 any point leave or become separate from the sponsor.

3 The Department may adopt rules to carry out this Section.

4 (b) A temporary permit under this Section shall expire 2
5 years after the date of issuance. The temporary permit may be
6 renewed for a \$45 fee for an additional 2 years. A holder of a
7 temporary permit may only renew one time.

8 (c) The temporary permit shall only permit the holder to
9 practice as an advanced practice registered nurse with a
10 collaborating physician who provides health care services at
11 the location or locations specified on the permit.

12 (d) An application for the temporary permit shall be made
13 to the Department, in writing, on forms prescribed by the
14 Department, and shall be accompanied by a non-refundable fee
15 of \$75.

16 (e) An applicant for temporary permit may be requested to
17 appear before the Board to respond to questions concerning the
18 applicant's qualifications to receive the permit. An
19 applicant's refusal to appear before the Board of Nursing may
20 be grounds for denial of the application by the Department.

21 (f) The Secretary may summarily cancel any temporary
22 permit issued pursuant to this Section, without a hearing, if
23 the Secretary finds that evidence in the Secretary's
24 possession indicates that a permit holder's continuation in
25 practice would constitute an imminent danger to the public or
26 violate any provision of the Nurse Practice Act or its rules.

1 If the Secretary summarily cancels a temporary permit
2 issued pursuant to this Section or Act, the permit holder may
3 petition the Department for a hearing in accordance with the
4 provisions of Section 70-125 to restore the permit holder's
5 permit, unless the permit holder has exceeded the permit
6 holder's renewal limit.

7 (g) In addition to terminating any temporary permit issued
8 pursuant to this Section or Act, the Department may issue a
9 monetary penalty not to exceed \$10,000 upon the temporary
10 permit holder and may notify any state in which the temporary
11 permit holder has been issued a permit that the temporary
12 permit holder's Illinois permit has been terminated and the
13 reasons for the termination. The monetary penalty shall be
14 paid within 60 days after the effective date of the order
15 imposing the penalty. The order shall constitute a judgment
16 and may be filed, and execution had thereon in the same manner
17 as any judgment from any court of record. It is the intent of
18 the General Assembly that a permit issued pursuant to this
19 Section shall be considered a privilege and not a property
20 right.

21 (h) While working in Illinois, all temporary permit
22 holders are subject to all statutory and regulatory
23 requirements of the Nurse Practice Act in the same manner as a
24 licensee. Failure to adhere to all statutory and regulatory
25 requirements may result in revocation or other discipline of
26 the temporary permit.

1 (i) If the Department becomes aware of a violation
2 occurring at the licensed hospital, medical office, clinic, or
3 other medical facility, the Department shall notify the
4 Department of Public Health.

5 (j) The Department may adopt emergency rules pursuant to
6 this Section. The General Assembly finds that the adoption of
7 rules to implement a temporary permit for health care services
8 is deemed an emergency and necessary for the public interest,
9 safety, and welfare.

10 (225 ILCS 65/65-11.5 new)

11 Sec. 65-11.5. Temporary permit for full practice advanced
12 practice registered nurses for health care.

13 (a) The Department may issue a temporary permit to full
14 practice advanced practice registered nurses authorizing the
15 practice in this State of health care, to an applicant who is
16 licensed to practice as an advanced practice registered nurse
17 in another state, if all of the following apply:

18 (1) The Department determines that the applicant's
19 services will improve the welfare of Illinois residents
20 and non-residents requiring health care services.

21 (2) The applicant has obtained a graduate degree
22 appropriate for national certification in a clinical
23 advanced practice registered nursing specialty or a
24 graduate degree or post-master's certificate from a
25 graduate level program in a clinical advanced practice

1 registered nursing specialty; the applicant is certified
2 as a nurse practitioner, nurse midwife, or clinical nurse
3 specialist; the applicant has submitted verification of
4 licensure status in good standing in the applicant's
5 current state or territory of licensure; and the applicant
6 can furnish the Department with a certified letter upon
7 request from that jurisdiction attesting to the fact that
8 the applicant has no pending action or violations against
9 the applicant's license.

10 The Department will not consider an advanced practice
11 registered nurse's license being revoked or otherwise
12 disciplined by any state or territory for the provision
13 of, authorization of, or participation in any health care,
14 medical service, or procedure related to an abortion on
15 the basis that such health care, medical service, or
16 procedure related to an abortion is unlawful or prohibited
17 in that state or territory, if the provision of,
18 authorization of, or participation in that health care,
19 medical service, or procedure related to an abortion is
20 not unlawful or prohibited in this State.

21 (3) The applicant has sufficient training and
22 possesses the appropriate core competencies to provide
23 health care services, and is physically, mentally, and
24 professionally capable of practicing as an advanced
25 practice registered nurse with reasonable judgment, skill,
26 and safety and in accordance with applicable standards of

1 care.

2 (4) The applicant will be working pursuant to an
3 agreement with a sponsoring licensed hospital, medical
4 office, clinic, or other medical facility providing health
5 care services. Such agreement shall be executed by an
6 authorized representative of the licensed hospital,
7 medical office, clinic, or other medical facility,
8 certifying that the advanced practice registered nurse
9 holds an active license and is in good standing in the
10 state in which advanced practice registered nurse is
11 licensed. If an applicant for a temporary permit has been
12 previously disciplined by another jurisdiction, except as
13 described in paragraph (2), further review may be
14 conducted pursuant to the Civil Administrative Code and
15 the Nurse Practice Act. The application shall include the
16 advanced practice registered nurse's name, contact
17 information, state of licensure, and license number.

18 (5) Payment of a \$75 fee.

19 The sponsoring licensed hospital, medical office, clinic,
20 or other medical facility engaged in the agreement with the
21 applicant shall notify the Department should the applicant at
22 any point leave or become separate from the sponsor.

23 The Department may adopt rules to carry out this Section.

24 (b) A temporary permit under this Section shall expire 2
25 years after the date of issuance. The temporary permit may be
26 renewed for a \$45 fee for an additional 2 years. A holder of a

1 temporary permit may only renew one time.

2 (c) The temporary permit shall only permit the holder to
3 practice as a full practice advanced practice registered nurse
4 within the scope of providing health care services at the
5 location or locations specified on the permit.

6 (d) An application for the temporary permit shall be made
7 to the Department, in writing, on forms prescribed by the
8 Department, and shall be accompanied by a non-refundable fee
9 of \$75.

10 (e) An applicant for temporary permit may be requested to
11 appear before the Board to respond to questions concerning the
12 applicant's qualifications to receive the permit. An
13 applicant's refusal to appear before the Board of Nursing may
14 be grounds for denial of the application by the Department.

15 (f) The Secretary may summarily cancel any temporary
16 permit issued pursuant to this Section, without a hearing, if
17 the Secretary finds that evidence in the Secretary's
18 possession indicates that a permit holder's continuation in
19 practice would constitute an imminent danger to the public or
20 violate any provision of the Nurse Practice Act or its rules.

21 If the Secretary summarily cancels a temporary permit
22 issued pursuant to this Section or Act, the permit holder may
23 petition the Department for a hearing in accordance with the
24 provisions of Section 70-125 to restore the permit holder's
25 permit, unless the permit holder has exceeded the permit
26 holder's renewal limit.

1 (g) In addition to terminating any temporary permit issued
2 pursuant to this Section or Act, the Department may issue a
3 monetary penalty not to exceed \$10,000 upon the temporary
4 permit holder and may notify any state in which the temporary
5 permit holder has been issued a permit that the temporary
6 permit holder's Illinois permit has been terminated and the
7 reasons for the termination. The monetary penalty shall be
8 paid within 60 days after the effective date of the order
9 imposing the penalty. The order shall constitute a judgment
10 and may be filed, and execution had thereon in the same manner
11 as any judgment from any court of record. It is the intent of
12 the General Assembly that a permit issued pursuant to this
13 Section shall be considered a privilege and not a property
14 right.

15 (h) While working in Illinois, all temporary permit
16 holders are subject to all statutory and regulatory
17 requirements of the Nurse Practice Act in the same manner as a
18 licensee. Failure to adhere to all statutory and regulatory
19 requirements may result in revocation or other discipline of
20 the temporary permit.

21 (i) If the Department becomes aware of a violation
22 occurring at the licensed hospital, medical office, clinic, or
23 other medical facility, the Department shall notify the
24 Department of Public Health.

25 (j) The Department may adopt emergency rules pursuant to
26 this Section. The General Assembly finds that the adoption of

1 rules to implement a temporary permit for health care services
2 is deemed an emergency and necessary for the public interest,
3 safety, and welfare.

4 Section 10-15. The Physician Assistant Practice Act of
5 1987 is amended by changing Sections 4, 21, 22.2, 22.3, 22.5,
6 22.6, 22.7, 22.8, 22.9, and 22.10 and by adding Section 9.7 as
7 follows:

8 (225 ILCS 95/4) (from Ch. 111, par. 4604)

9 (Section scheduled to be repealed on January 1, 2028)

10 Sec. 4. Definitions. In this Act:

11 1. "Department" means the Department of Financial and
12 Professional Regulation.

13 2. "Secretary" means the Secretary of Financial and
14 Professional Regulation.

15 3. "Physician assistant" means any person not holding an
16 active license or permit issued by the Department pursuant to
17 the Medical Practice Act of 1987 who has been certified as a
18 physician assistant by the National Commission on the
19 Certification of Physician Assistants or equivalent successor
20 agency and performs procedures in collaboration with a
21 physician as defined in this Act. A physician assistant may
22 perform such procedures within the specialty of the
23 collaborating physician, except that such physician shall
24 exercise such direction, collaboration, and control over such

1 physician assistants as will assure that patients shall
2 receive quality medical care. Physician assistants shall be
3 capable of performing a variety of tasks within the specialty
4 of medical care in collaboration with a physician.
5 Collaboration with the physician assistant shall not be
6 construed to necessarily require the personal presence of the
7 collaborating physician at all times at the place where
8 services are rendered, as long as there is communication
9 available for consultation by radio, telephone or
10 telecommunications within established guidelines as determined
11 by the physician/physician assistant team. The collaborating
12 physician may delegate tasks and duties to the physician
13 assistant. Delegated tasks or duties shall be consistent with
14 physician assistant education, training, and experience. The
15 delegated tasks or duties shall be specific to the practice
16 setting and shall be implemented and reviewed under a written
17 collaborative agreement established by the physician or
18 physician/physician assistant team. A physician assistant,
19 acting as an agent of the physician, shall be permitted to
20 transmit the collaborating physician's orders as determined by
21 the institution's by-laws, policies, procedures, or job
22 description within which the physician/physician assistant
23 team practices. Physician assistants shall practice only in
24 accordance with a written collaborative agreement.

25 Any person who holds an active license or permit issued
26 pursuant to the Medical Practice Act of 1987 shall have that

1 license automatically placed into inactive status upon
2 issuance of a physician assistant license. Any person who
3 holds an active license as a physician assistant who is issued
4 a license or permit pursuant to the Medical Practice Act of
5 1987 shall have his or her physician assistant license
6 automatically placed into inactive status.

7 3.5. "Physician assistant practice" means the performance
8 of procedures within the specialty of the collaborating
9 physician. Physician assistants shall be capable of performing
10 a variety of tasks within the specialty of medical care of the
11 collaborating physician. Collaboration with the physician
12 assistant shall not be construed to necessarily require the
13 personal presence of the collaborating physician at all times
14 at the place where services are rendered, as long as there is
15 communication available for consultation by radio, telephone,
16 telecommunications, or electronic communications. The
17 collaborating physician may delegate tasks and duties to the
18 physician assistant. Delegated tasks or duties shall be
19 consistent with physician assistant education, training, and
20 experience. The delegated tasks or duties shall be specific to
21 the practice setting and shall be implemented and reviewed
22 under a written collaborative agreement established by the
23 physician or physician/physician assistant team. A physician
24 assistant shall be permitted to transmit the collaborating
25 physician's orders as determined by the institution's bylaws,
26 policies, or procedures or the job description within which

1 the physician/physician assistant team practices. Physician
2 assistants shall practice only in accordance with a written
3 collaborative agreement, except as provided in Section 7.5 of
4 this Act.

5 4. "Board" means the Medical Licensing Board constituted
6 under the Medical Practice Act of 1987.

7 5. (Blank). ~~"Disciplinary Board" means the Medical~~
8 ~~Disciplinary Board constituted under the Medical Practice Act~~
9 ~~of 1987.~~

10 6. "Physician" means a person licensed to practice
11 medicine in all of its branches under the Medical Practice Act
12 of 1987.

13 7. "Collaborating physician" means the physician who,
14 within his or her specialty and expertise, may delegate a
15 variety of tasks and procedures to the physician assistant.
16 Such tasks and procedures shall be delegated in accordance
17 with a written collaborative agreement.

18 8. (Blank).

19 9. "Address of record" means the designated address
20 recorded by the Department in the applicant's or licensee's
21 application file or license file maintained by the
22 Department's licensure maintenance unit.

23 10. "Hospital affiliate" means a corporation, partnership,
24 joint venture, limited liability company, or similar
25 organization, other than a hospital, that is devoted primarily
26 to the provision, management, or support of health care

1 services and that directly or indirectly controls, is
2 controlled by, or is under common control of the hospital. For
3 the purposes of this definition, "control" means having at
4 least an equal or a majority ownership or membership interest.
5 A hospital affiliate shall be 100% owned or controlled by any
6 combination of hospitals, their parent corporations, or
7 physicians licensed to practice medicine in all its branches
8 in Illinois. "Hospital affiliate" does not include a health
9 maintenance organization regulated under the Health
10 Maintenance Organization Act.

11 11. "Email address of record" means the designated email
12 address recorded by the Department in the applicant's
13 application file or the licensee's license file, as maintained
14 by the Department's licensure maintenance unit.

15 (Source: P.A. 99-330, eff. 1-1-16; 100-453, eff. 8-25-17.)

16 (225 ILCS 95/9.7 new)

17 Sec. 9.7. Temporary permit for health care.

18 (a) The Department may issue a temporary permit
19 authorizing the practice, with a collaborating physician, in
20 this State, of health care to an applicant who is licensed to
21 practice as a physician assistant in another state, if all of
22 the following apply:

23 (1) The Department determines that the applicant's
24 services will improve the welfare of Illinois residents
25 and non-residents requiring health care services.

1 (2) The applicant has obtained certification by the
2 National Commission on Certification of Physician
3 Assistants or its successor agency; the applicant has
4 submitted verification of licensure status in good
5 standing in the applicant's current state or territory of
6 licensure; and the applicant can furnish the Department
7 with a certified letter upon request from that
8 jurisdiction attesting to the fact that the applicant has
9 no pending action or violations against the applicant's
10 license;

11 The Department will not consider a physician
12 assistant's license being revoked or otherwise disciplined
13 by any state or territory based solely on the physician
14 assistant providing, authorizing, recommending, aiding,
15 assisting, referring for, or otherwise participating in
16 any health care service that is unlawful or prohibited in
17 that state or territory, if the provision of,
18 authorization of, or participation in that health care,
19 medical service, or procedure related to any health care
20 service is not unlawful or prohibited in this State.

21 (3) The applicant has sufficient training and
22 possesses the appropriate core competencies to provide
23 health care services, and is physically, mentally, and
24 professionally capable of practicing as a physician
25 assistant with reasonable judgment, skill, and safety and
26 in accordance with applicable standards of care.

1 (4) The applicant must meet the written collaborative
2 agreement requirements under subsection (a) of Section
3 7.5.

4 (5) The applicant will be working pursuant to an
5 agreement with a sponsoring licensed hospital, medical
6 office, clinic, or other medical facility providing health
7 care services. Such agreement shall be executed by an
8 authorized representative of the licensed hospital,
9 medical office, clinic, or other medical facility,
10 certifying that the physician assistant holds an active
11 license and is in good standing in the state in which the
12 physician assistant is licensed. If an applicant for a
13 temporary permit has been previously disciplined by
14 another jurisdiction, except as described in paragraph
15 (2), further review may be conducted pursuant to the Civil
16 Administrative Code and the Physician Assistant Practice
17 Act of 1987. The application shall include the physician
18 assistant's name, contact information, state of licensure,
19 and license number.

20 (6) Payment of a \$75 fee.

21 (6) The sponsoring licensed hospital, medical office,
22 clinic, or other medical facility engaged in the agreement
23 with the applicant shall notify the Department should the
24 applicant at any point leave or become separate from the
25 sponsor.

26 The Department may adopt rules to carry out this Section.

1 (b) A temporary permit under this Section shall expire 2
2 years after the date of issuance. The temporary permit may be
3 renewed for a \$45 fee for an additional 2 years. A holder of a
4 temporary permit may only renew one time.

5 (c) The temporary permit shall only permit the holder to
6 practice as a physician assistant with a collaborating
7 physician who provides health care services at the location or
8 locations specified on the permit.

9 (d) An application for the temporary permit shall be made
10 to the Department, in writing, on forms prescribed by the
11 Department, and shall be accompanied by a non-refundable fee
12 of \$75.

13 (e) An applicant for a temporary permit may be requested
14 to appear before the Board to respond to questions concerning
15 the applicant's qualifications to receive the permit. An
16 applicant's refusal to appear before the Board may be grounds
17 for denial of the application by the Department.

18 (f) The Secretary may summarily cancel any temporary
19 permit issued pursuant to this Section, without a hearing, if
20 the Secretary finds that evidence in the Secretary's
21 possession indicates that a permit holder's continuation in
22 practice would constitute an imminent danger to the public or
23 violate any provision of the Physician Assistant Practice Act
24 of 1987 or its rules.

25 If the Secretary summarily cancels a temporary permit
26 issued pursuant to this Section or Act, the permit holder may

1 petition the Department for a hearing in accordance with the
2 provisions of Section 22.11 to restore the permit holder's
3 permit, unless the permit holder has exceeded permit holder's
4 renewal limit.

5 (g) In addition to terminating any temporary permit issued
6 pursuant to this Section or Act, the Department may issue a
7 monetary penalty not to exceed \$10,000 upon the temporary
8 permit holder and may notify any state in which the temporary
9 permit holder has been issued a permit that the temporary
10 permit holder's Illinois permit has been terminated and the
11 reasons for that termination. The monetary penalty shall be
12 paid within 60 days after the effective date of the order
13 imposing the penalty. The order shall constitute a judgment
14 and may be filed, and execution had thereon in the same manner
15 as any judgment from any court of record. It is the intent of
16 the General Assembly that a permit issued pursuant to this
17 Section shall be considered a privilege and not a property
18 right.

19 (h) While working in Illinois, all temporary permit
20 holders are subject to all statutory and regulatory
21 requirements of the Physician Assistant Practice Act of 1987
22 in the same manner as a licensee. Failure to adhere to all
23 statutory and regulatory requirements may result in revocation
24 or other discipline of the temporary permit.

25 (i) If the Department becomes aware of a violation
26 occurring at the licensed hospital, medical office, clinic, or

1 other medical facility, the Department shall notify the
2 Department of Public Health.

3 (j)The Department may adopt emergency rules pursuant to
4 this Section. The General Assembly finds that the adoption of
5 rules to implement a temporary permit for reproductive health
6 is deemed an emergency and necessary for the public interest,
7 safety, and welfare.

8 (225 ILCS 95/21) (from Ch. 111, par. 4621)

9 (Section scheduled to be repealed on January 1, 2028)

10 Sec. 21. Grounds for disciplinary action.

11 (a) The Department may refuse to issue or to renew, or may
12 revoke, suspend, place on probation, reprimand, or take other
13 disciplinary or non-disciplinary action with regard to any
14 license issued under this Act as the Department may deem
15 proper, including the issuance of fines not to exceed \$10,000
16 for each violation, for any one or combination of the
17 following causes:

18 (1) Material misstatement in furnishing information to
19 the Department.

20 (2) Violations of this Act, or the rules adopted under
21 this Act.

22 (3) Conviction by plea of guilty or nolo contendere,
23 finding of guilt, jury verdict, or entry of judgment or
24 sentencing, including, but not limited to, convictions,
25 preceding sentences of supervision, conditional discharge,

1 or first offender probation, under the laws of any
2 jurisdiction of the United States that is: (i) a felony;
3 or (ii) a misdemeanor, an essential element of which is
4 dishonesty, or that is directly related to the practice of
5 the profession.

6 (4) Making any misrepresentation for the purpose of
7 obtaining licenses.

8 (5) Professional incompetence.

9 (6) Aiding or assisting another person in violating
10 any provision of this Act or its rules.

11 (7) Failing, within 60 days, to provide information in
12 response to a written request made by the Department.

13 (8) Engaging in dishonorable, unethical, or
14 unprofessional conduct, as defined by rule, of a character
15 likely to deceive, defraud, or harm the public.

16 (9) Habitual or excessive use or addiction to alcohol,
17 narcotics, stimulants, or any other chemical agent or drug
18 that results in a physician assistant's inability to
19 practice with reasonable judgment, skill, or safety.

20 (10) Discipline by another U.S. jurisdiction or
21 foreign nation, if at least one of the grounds for
22 discipline is the same or substantially equivalent to
23 those set forth in this Section.

24 (11) Directly or indirectly giving to or receiving
25 from any person, firm, corporation, partnership, or
26 association any fee, commission, rebate or other form of

1 compensation for any professional services not actually or
2 personally rendered. Nothing in this paragraph (11)
3 affects any bona fide independent contractor or employment
4 arrangements, which may include provisions for
5 compensation, health insurance, pension, or other
6 employment benefits, with persons or entities authorized
7 under this Act for the provision of services within the
8 scope of the licensee's practice under this Act.

9 (12) A finding by the ~~Disciplinary~~ Board that the
10 licensee, after having his or her license placed on
11 probationary status, has violated the terms of probation.

12 (13) Abandonment of a patient.

13 (14) Willfully making or filing false records or
14 reports in his or her practice, including but not limited
15 to false records filed with State ~~state~~ agencies or
16 departments.

17 (15) Willfully failing to report an instance of
18 suspected child abuse or neglect as required by the Abused
19 and Neglected Child Reporting Act.

20 (16) Physical illness, or mental illness or impairment
21 that results in the inability to practice the profession
22 with reasonable judgment, skill, or safety, including, but
23 not limited to, deterioration through the aging process or
24 loss of motor skill.

25 (17) Being named as a perpetrator in an indicated
26 report by the Department of Children and Family Services

1 under the Abused and Neglected Child Reporting Act, and
2 upon proof by clear and convincing evidence that the
3 licensee has caused a child to be an abused child or
4 neglected child as defined in the Abused and Neglected
5 Child Reporting Act.

6 (18) (Blank).

7 (19) Gross negligence resulting in permanent injury or
8 death of a patient.

9 (20) Employment of fraud, deception or any unlawful
10 means in applying for or securing a license as a physician
11 assistant.

12 (21) Exceeding the authority delegated to him or her
13 by his or her collaborating physician in a written
14 collaborative agreement.

15 (22) Immoral conduct in the commission of any act,
16 such as sexual abuse, sexual misconduct, or sexual
17 exploitation related to the licensee's practice.

18 (23) Violation of the Health Care Worker Self-Referral
19 Act.

20 (24) Practicing under a false or assumed name, except
21 as provided by law.

22 (25) Making a false or misleading statement regarding
23 his or her skill or the efficacy or value of the medicine,
24 treatment, or remedy prescribed by him or her in the
25 course of treatment.

26 (26) Allowing another person to use his or her license

1 to practice.

2 (27) Prescribing, selling, administering,
3 distributing, giving, or self-administering a drug
4 classified as a controlled substance for other than
5 medically accepted therapeutic purposes.

6 (28) Promotion of the sale of drugs, devices,
7 appliances, or goods provided for a patient in a manner to
8 exploit the patient for financial gain.

9 (29) A pattern of practice or other behavior that
10 demonstrates incapacity or incompetence to practice under
11 this Act.

12 (30) Violating State or federal laws or regulations
13 relating to controlled substances or other legend drugs or
14 ephedra as defined in the Ephedra Prohibition Act.

15 (31) Exceeding the prescriptive authority delegated by
16 the collaborating physician or violating the written
17 collaborative agreement delegating that authority.

18 (32) Practicing without providing to the Department a
19 notice of collaboration or delegation of prescriptive
20 authority.

21 (33) Failure to establish and maintain records of
22 patient care and treatment as required by law.

23 (34) Attempting to subvert or cheat on the examination
24 of the National Commission on Certification of Physician
25 Assistants or its successor agency.

26 (35) Willfully or negligently violating the

1 confidentiality between physician assistant and patient,
2 except as required by law.

3 (36) Willfully failing to report an instance of
4 suspected abuse, neglect, financial exploitation, or
5 self-neglect of an eligible adult as defined in and
6 required by the Adult Protective Services Act.

7 (37) Being named as an abuser in a verified report by
8 the Department on Aging under the Adult Protective
9 Services Act and upon proof by clear and convincing
10 evidence that the licensee abused, neglected, or
11 financially exploited an eligible adult as defined in the
12 Adult Protective Services Act.

13 (38) Failure to report to the Department an adverse
14 final action taken against him or her by another licensing
15 jurisdiction of the United States or a foreign state or
16 country, a peer review body, a health care institution, a
17 professional society or association, a governmental
18 agency, a law enforcement agency, or a court acts or
19 conduct similar to acts or conduct that would constitute
20 grounds for action under this Section.

21 (39) Failure to provide copies of records of patient
22 care or treatment, except as required by law.

23 (40) Entering into an excessive number of written
24 collaborative agreements with licensed physicians
25 resulting in an inability to adequately collaborate.

26 (41) Repeated failure to adequately collaborate with a

1 collaborating physician.

2 (42) Violating the Compassionate Use of Medical
3 Cannabis Program Act.

4 (b) The Department may, without a hearing, refuse to issue
5 or renew or may suspend the license of any person who fails to
6 file a return, or to pay the tax, penalty or interest shown in
7 a filed return, or to pay any final assessment of the tax,
8 penalty, or interest as required by any tax Act administered
9 by the Illinois Department of Revenue, until such time as the
10 requirements of any such tax Act are satisfied.

11 (c) The determination by a circuit court that a licensee
12 is subject to involuntary admission or judicial admission as
13 provided in the Mental Health and Developmental Disabilities
14 Code operates as an automatic suspension. The suspension will
15 end only upon a finding by a court that the patient is no
16 longer subject to involuntary admission or judicial admission
17 and issues an order so finding and discharging the patient,
18 and upon the recommendation of the ~~Disciplinary~~ Board to the
19 Secretary that the licensee be allowed to resume his or her
20 practice.

21 (d) In enforcing this Section, the Department upon a
22 showing of a possible violation may compel an individual
23 licensed to practice under this Act, or who has applied for
24 licensure under this Act, to submit to a mental or physical
25 examination, or both, which may include a substance abuse or
26 sexual offender evaluation, as required by and at the expense

1 of the Department.

2 The Department shall specifically designate the examining
3 physician licensed to practice medicine in all of its branches
4 or, if applicable, the multidisciplinary team involved in
5 providing the mental or physical examination or both. The
6 multidisciplinary team shall be led by a physician licensed to
7 practice medicine in all of its branches and may consist of one
8 or more or a combination of physicians licensed to practice
9 medicine in all of its branches, licensed clinical
10 psychologists, licensed clinical social workers, licensed
11 clinical professional counselors, and other professional and
12 administrative staff. Any examining physician or member of the
13 multidisciplinary team may require any person ordered to
14 submit to an examination pursuant to this Section to submit to
15 any additional supplemental testing deemed necessary to
16 complete any examination or evaluation process, including, but
17 not limited to, blood testing, urinalysis, psychological
18 testing, or neuropsychological testing.

19 The Department may order the examining physician or any
20 member of the multidisciplinary team to provide to the
21 Department any and all records, including business records,
22 that relate to the examination and evaluation, including any
23 supplemental testing performed.

24 The Department may order the examining physician or any
25 member of the multidisciplinary team to present testimony
26 concerning the mental or physical examination of the licensee

1 or applicant. No information, report, record, or other
2 documents in any way related to the examination shall be
3 excluded by reason of any common law or statutory privilege
4 relating to communications between the licensee or applicant
5 and the examining physician or any member of the
6 multidisciplinary team. No authorization is necessary from the
7 licensee or applicant ordered to undergo an examination for
8 the examining physician or any member of the multidisciplinary
9 team to provide information, reports, records, or other
10 documents or to provide any testimony regarding the
11 examination and evaluation.

12 The individual to be examined may have, at his or her own
13 expense, another physician of his or her choice present during
14 all aspects of this examination. However, that physician shall
15 be present only to observe and may not interfere in any way
16 with the examination.

17 Failure of an individual to submit to a mental or physical
18 examination, when ordered, shall result in an automatic
19 suspension of his or her license until the individual submits
20 to the examination.

21 If the Department finds an individual unable to practice
22 because of the reasons set forth in this Section, the
23 Department may require that individual to submit to care,
24 counseling, or treatment by physicians approved or designated
25 by the Department, as a condition, term, or restriction for
26 continued, reinstated, or renewed licensure to practice; or,

1 in lieu of care, counseling, or treatment, the Department may
2 file a complaint to immediately suspend, revoke, or otherwise
3 discipline the license of the individual. An individual whose
4 license was granted, continued, reinstated, renewed,
5 disciplined, or supervised subject to such terms, conditions,
6 or restrictions, and who fails to comply with such terms,
7 conditions, or restrictions, shall be referred to the
8 Secretary for a determination as to whether the individual
9 shall have his or her license suspended immediately, pending a
10 hearing by the Department.

11 In instances in which the Secretary immediately suspends a
12 person's license under this Section, a hearing on that
13 person's license must be convened by the Department within 30
14 days after the suspension and completed without appreciable
15 delay. The Department shall have the authority to review the
16 subject individual's record of treatment and counseling
17 regarding the impairment to the extent permitted by applicable
18 federal statutes and regulations safeguarding the
19 confidentiality of medical records.

20 An individual licensed under this Act and affected under
21 this Section shall be afforded an opportunity to demonstrate
22 to the Department that he or she can resume practice in
23 compliance with acceptable and prevailing standards under the
24 provisions of his or her license.

25 (e) An individual or organization acting in good faith,
26 and not in a willful and wanton manner, in complying with this

1 Section by providing a report or other information to the
2 Board, by assisting in the investigation or preparation of a
3 report or information, by participating in proceedings of the
4 Board, or by serving as a member of the Board, shall not be
5 subject to criminal prosecution or civil damages as a result
6 of such actions.

7 (f) Members of the Board ~~and the Disciplinary Board~~ shall
8 be indemnified by the State for any actions occurring within
9 the scope of services on the ~~Disciplinary Board or~~ Board, done
10 in good faith and not willful and wanton in nature. The
11 Attorney General shall defend all such actions unless he or
12 she determines either that there would be a conflict of
13 interest in such representation or that the actions complained
14 of were not in good faith or were willful and wanton.

15 If the Attorney General declines representation, the
16 member has the right to employ counsel of his or her choice,
17 whose fees shall be provided by the State, after approval by
18 the Attorney General, unless there is a determination by a
19 court that the member's actions were not in good faith or were
20 willful and wanton.

21 The member must notify the Attorney General within 7 days
22 after receipt of notice of the initiation of any action
23 involving services of the ~~Disciplinary~~ Board. Failure to so
24 notify the Attorney General constitutes an absolute waiver of
25 the right to a defense and indemnification.

26 The Attorney General shall determine, within 7 days after

1 receiving such notice, whether he or she will undertake to
2 represent the member.

3 (Source: P.A. 101-363, eff. 8-9-19; 102-558, eff. 8-20-21.)

4 (225 ILCS 95/22.2) (from Ch. 111, par. 4622.2)

5 (Section scheduled to be repealed on January 1, 2028)

6 Sec. 22.2. Investigation; notice; hearing. The Department
7 may investigate the actions of any applicant or of any person
8 or persons holding or claiming to hold a license. The
9 Department shall, before suspending, revoking, placing on
10 probationary status, or taking any other disciplinary action
11 as the Department may deem proper with regard to any license,
12 at least 30 days prior to the date set for the hearing, notify
13 the applicant or licensee in writing of any charges made and
14 the time and place for a hearing of the charges before the
15 ~~Disciplinary~~ Board, direct him or her to file his or her
16 written answer thereto to the ~~Disciplinary~~ Board under oath
17 within 20 days after the service on him or her of such notice
18 and inform him or her that if he or she fails to file such
19 answer default will be taken against him or her and his or her
20 license may be suspended, revoked, placed on probationary
21 status, or have other disciplinary action, including limiting
22 the scope, nature or extent of his or her practice, as the
23 Department may deem proper taken with regard thereto. Written
24 or electronic notice may be served by personal delivery,
25 email, or mail to the applicant or licensee at his or her

1 address of record or email address of record. At the time and
2 place fixed in the notice, the Department shall proceed to
3 hear the charges and the parties or their counsel shall be
4 accorded ample opportunity to present such statements,
5 testimony, evidence, and argument as may be pertinent to the
6 charges or to the defense thereto. The Department may continue
7 such hearing from time to time. In case the applicant or
8 licensee, after receiving notice, fails to file an answer, his
9 or her license may in the discretion of the Secretary, having
10 received first the recommendation of the ~~Disciplinary~~ Board,
11 be suspended, revoked, placed on probationary status, or the
12 Secretary may take whatever disciplinary action as he or she
13 may deem proper, including limiting the scope, nature, or
14 extent of such person's practice, without a hearing, if the
15 act or acts charged constitute sufficient grounds for such
16 action under this Act.

17 (Source: P.A. 100-453, eff. 8-25-17.)

18 (225 ILCS 95/22.3) (from Ch. 111, par. 4622.3)

19 (Section scheduled to be repealed on January 1, 2028)

20 Sec. 22.3. The Department, at its expense, shall preserve
21 a record of all proceedings at the formal hearing of any case
22 involving the refusal to issue, renew or discipline of a
23 license. The notice of hearing, complaint and all other
24 documents in the nature of pleadings and written motions filed
25 in the proceedings, the transcript of testimony, the report of

1 the ~~Disciplinary~~ Board or hearing officer and orders of the
2 Department shall be the record of such proceeding.

3 (Source: P.A. 85-981.)

4 (225 ILCS 95/22.5) (from Ch. 111, par. 4622.5)

5 (Section scheduled to be repealed on January 1, 2028)

6 Sec. 22.5. Subpoena power; oaths. The Department shall
7 have power to subpoena and bring before it any person and to
8 take testimony either orally or by deposition or both, with
9 the same fees and mileage and in the same manner as prescribed
10 by law in judicial proceedings in civil cases in circuit
11 courts of this State.

12 The Secretary, the designated hearing officer, and any
13 member of the ~~Disciplinary~~ Board designated by the Secretary
14 shall each have power to administer oaths to witnesses at any
15 hearing which the Department is authorized to conduct under
16 this Act and any other oaths required or authorized to be
17 administered by the Department under this Act.

18 (Source: P.A. 95-703, eff. 12-31-07.)

19 (225 ILCS 95/22.6) (from Ch. 111, par. 4622.6)

20 (Section scheduled to be repealed on January 1, 2028)

21 Sec. 22.6. At the conclusion of the hearing, the
22 ~~Disciplinary~~ Board shall present to the Secretary a written
23 report of its findings of fact, conclusions of law, and
24 recommendations. The report shall contain a finding whether or

1 not the accused person violated this Act or failed to comply
2 with the conditions required in this Act. The ~~Disciplinary~~
3 Board shall specify the nature of the violation or failure to
4 comply, and shall make its recommendations to the Secretary.

5 The report of findings of fact, conclusions of law, and
6 recommendation of the ~~Disciplinary~~ Board shall be the basis
7 for the Department's order or refusal or for the granting of a
8 license or permit. If the Secretary disagrees in any regard
9 with the report of the ~~Disciplinary~~ Board, the Secretary may
10 issue an order in contravention thereof. The finding is not
11 admissible in evidence against the person in a criminal
12 prosecution brought for the violation of this Act, but the
13 hearing and finding are not a bar to a criminal prosecution
14 brought for the violation of this Act.

15 (Source: P.A. 100-453, eff. 8-25-17.)

16 (225 ILCS 95/22.7) (from Ch. 111, par. 4622.7)

17 (Section scheduled to be repealed on January 1, 2028)

18 Sec. 22.7. Hearing officer. Notwithstanding the provisions
19 of Section 22.2 of this Act, the Secretary shall have the
20 authority to appoint any attorney duly licensed to practice
21 law in the State of Illinois to serve as the hearing officer in
22 any action for refusal to issue or renew, or for discipline of,
23 a license. The hearing officer shall have full authority to
24 conduct the hearing. The hearing officer shall report his or
25 her findings of fact, conclusions of law, and recommendations

1 to the ~~Disciplinary~~ Board and the Secretary. The ~~Disciplinary~~
2 Board shall have 60 days from receipt of the report to review
3 the report of the hearing officer and present their findings
4 of fact, conclusions of law, and recommendations to the
5 Secretary. If the ~~Disciplinary~~ Board fails to present its
6 report within the 60-day period, the respondent may request in
7 writing a direct appeal to the Secretary, in which case the
8 Secretary may issue an order based upon the report of the
9 hearing officer and the record of the proceedings or issue an
10 order remanding the matter back to the hearing officer for
11 additional proceedings in accordance with the order.
12 Notwithstanding any other provision of this Section, if the
13 Secretary, upon review, determines that substantial justice
14 has not been done in the revocation, suspension, or refusal to
15 issue or renew a license or other disciplinary action taken as
16 the result of the entry of the hearing officer's report, the
17 Secretary may order a rehearing by the same or other
18 examiners. If the Secretary disagrees in any regard with the
19 report of the ~~Disciplinary~~ Board or hearing officer, he or she
20 may issue an order in contravention thereof.

21 (Source: P.A. 100-453, eff. 8-25-17.)

22 (225 ILCS 95/22.8) (from Ch. 111, par. 4622.8)

23 (Section scheduled to be repealed on January 1, 2028)

24 Sec. 22.8. In any case involving the refusal to issue,
25 renew or discipline of a license, a copy of the ~~Disciplinary~~

1 Board's report shall be served upon the respondent by the
2 Department, either personally or as provided in this Act for
3 the service of the notice of hearing. Within 20 days after such
4 service, the respondent may present to the Department a motion
5 in writing for a rehearing, which motion shall specify the
6 particular grounds therefor. If no motion for rehearing is
7 filed, then upon the expiration of the time specified for
8 filing such a motion, or if a motion for rehearing is denied,
9 then upon such denial the Secretary may enter an order in
10 accordance with recommendations of the ~~Disciplinary~~ Board
11 except as provided in Section 22.6 or 22.7 of this Act. If the
12 respondent shall order from the reporting service, and pay for
13 a transcript of the record within the time for filing a motion
14 for rehearing, the 20 day period within which such a motion may
15 be filed shall commence upon the delivery of the transcript to
16 the respondent.

17 (Source: P.A. 95-703, eff. 12-31-07.)

18 (225 ILCS 95/22.9) (from Ch. 111, par. 4622.9)

19 (Section scheduled to be repealed on January 1, 2028)

20 Sec. 22.9. Whenever the Secretary is satisfied that
21 substantial justice has not been done in the revocation,
22 suspension or refusal to issue or renew a license, the
23 Secretary may order a rehearing by the same or another hearing
24 officer or ~~Disciplinary~~ Board.

25 (Source: P.A. 95-703, eff. 12-31-07.)

1 (225 ILCS 95/22.10) (from Ch. 111, par. 4622.10)

2 (Section scheduled to be repealed on January 1, 2028)

3 Sec. 22.10. Order or certified copy; prima facie proof. An
4 order or a certified copy thereof, over the seal of the
5 Department and purporting to be signed by the Secretary, shall
6 be prima facie proof that:

7 (a) the signature is the genuine signature of the
8 Secretary;

9 (b) the Secretary is duly appointed and qualified; and

10 (c) the ~~Disciplinary~~ Board and the members thereof are
11 qualified to act.

12 (Source: P.A. 95-703, eff. 12-31-07.)

13 Section 10-20. The Illinois Administrative Procedure Act
14 is amended by adding Section 5-45.35 as follows:

15 (5 ILCS 100/5-45.35 new)

16 Sec. 5-45.35. Emergency rulemaking; temporary licenses for
17 health care. To provide for the expeditious and timely
18 implementation of Section 66 of the Medical Practice Act of
19 1987, Sections 65-11 and 65-11.5 of the Nurse Practice Act,
20 and Section 9.7 of the Physician Assistant Practice Act of
21 1987, emergency rules implementing the issuance of temporary
22 permits to applicants who are licensed to practice as a
23 physician, advanced practice registered nurse, or physician

1 assistant in another state may be adopted in accordance with
2 Section 5-45 by the Department of Financial and Professional
3 Regulation. The adoption of emergency rules authorized by
4 Section 5-45 and this Section is deemed to be necessary for the
5 public interest, safety, and welfare.

6 This Section is repealed one year after the effective date
7 of this amendatory Act of the 102nd General Assembly.

8 Article 11

9 Section 11-5. Short title. This Article may be cited as
10 the Lawful Health Care Activity Act. References in this
11 Article to "this Act" mean this Article.

12 Section 11-10. Definitions. As used in this Act:

13 "Gender-affirming health care" includes, but is not
14 limited to, all supplies, care, and services of a medical,
15 behavioral health, mental health, surgical, psychiatric,
16 therapeutic, diagnostic, preventative, rehabilitative, or
17 supportive nature relating to the treatment of gender
18 dysphoria or the affirmation of an individual's gender
19 identity or gender expression.

20 "Lawful health care" means reproductive health care or
21 gender-affirming health care that is not unlawful under the
22 laws of this State, including on any theory of vicarious,
23 joint, several, or conspiracy liability.

1 "Lawful health care activity" means seeking, providing,
2 receiving, assisting in seeking, providing, or receiving,
3 providing material support for, or traveling to obtain lawful
4 health care.

5 "Reproductive health care" has the meaning given to that
6 term in Section 1-10 of the Reproductive Health Act.

7 Section 11-15. Conflict of law. Notwithstanding any
8 general or special law or common law conflict of law rule to
9 the contrary, the laws of this State shall govern in any case
10 or controversy heard in this State related to lawful health
11 care activity.

12 Section 11-20. Limits on execution of foreign judgments.
13 In any action filed to enforce the judgment of a foreign state,
14 issued in connection with any litigation concerning lawful
15 health care activity, the court hearing the action shall not
16 give any force or effect to any judgment issued without
17 jurisdiction.

18 Section 11-25. Severability. The provisions of this Act
19 are severable under Section 1.31 of the Statute on Statutes.

20 Section 11-30. The Uniform Interstate Depositions and
21 Discovery Act is amended by changing Section 3 and by adding
22 Section 3.5 as follows:

1 (735 ILCS 35/3)

2 Sec. 3. Issuance of subpoena.

3 (a) To request issuance of a subpoena under this Section,
4 a party must submit a foreign subpoena to a clerk of court in
5 the county in which discovery is sought to be conducted in this
6 State. A request for the issuance of a subpoena under this Act
7 does not constitute an appearance in the courts of this State.

8 (b) When a party submits a foreign subpoena to a clerk of
9 court in this State, the clerk, in accordance with that
10 court's procedure, shall promptly issue a subpoena for service
11 upon the person to which the foreign subpoena is directed
12 unless issuance is prohibited by Section 3.5.

13 (c) A subpoena under subsection (b) must:

14 (A) incorporate the terms used in the foreign
15 subpoena; and

16 (B) contain or be accompanied by the names, addresses,
17 and telephone numbers of all counsel of record in the
18 proceeding to which the subpoena relates and of any party
19 not represented by counsel.

20 (Source: P.A. 99-79, eff. 1-1-16.)

21 (735 ILCS 35/3.5 new)

22 Sec. 3.5. Unenforceable foreign subpoenas.

23 (a) If a request for issuance of a subpoena pursuant to
24 this Act seeks documents or information related to lawful

1 health care activity, as defined in the Lawful Health Care
2 Activity Act, or seeks documents in support of any claim that
3 interferes with rights under the Reproductive Health Act, then
4 the person or entity requesting the subpoena shall include an
5 attestation, signed under penalty of perjury, confirming and
6 identifying that an exemption in subsection (c) applies. Any
7 false attestation submitted under this Section or the failure
8 to submit an attestation required by this Section shall be
9 subject to a statutory penalty of \$10,000 per violation.
10 Submission of such attestation shall subject the attestor to
11 the jurisdiction of the courts of this State for any suit,
12 penalty, or damages arising out of a false attestation under
13 this Section.

14 (b) No clerk of court shall issue a subpoena based on a
15 foreign subpoena that:

16 (1) requests information or documents related to
17 lawful health care activity, as defined in the Lawful
18 Health Care Activity Act; or

19 (2) is related to the enforcement of another state's
20 law that would interfere with an individual's rights under
21 the Reproductive Health Act.

22 (c) A clerk of court may issue the subpoena if the subpoena
23 includes the attestation as described in subsection (a) and
24 the subpoena relates to:

25 (1) an out-of-state action founded in tort, contract,
26 or statute brought by the patient who sought or received

1 the lawful health care or the patient's authorized legal
2 representative, for damages suffered by the patient or
3 damages derived from an individual's loss of consortium of
4 the patient, and for which a similar claim would exist
5 under the laws of this State; or

6 (2) an out-of-state action founded in contract brought
7 or sought to be enforced by a party with a contractual
8 relationship with the individual whose documents or
9 information are the subject of the subpoena and for which
10 a similar claim would exist under the laws of this State.

11 (d) Any person or entity served with a subpoena reasonably
12 believed to be issued in violation of this Section shall not
13 comply with the subpoena.

14 (e) Any person or entity who is the recipient of, or whose
15 lawful health care is the subject of, a subpoena reasonably
16 believed to be issued in violation of this Section may, but is
17 not required to, move to modify or quash the subpoena.

18 (f) No clerk of court shall issue an order compelling a
19 person or entity to comply with a subpoena reasonably believed
20 to be issued in violation of this Section.

21 (g) As used in this Section:

22 "Lawful health care" has the meaning given to that term in
23 Section 11-10 of the Lawful Health Care Activity Act.

24 "Lawful health care activity" has the meaning given to
25 that term in Section 11-10 of the Lawful Health Care Activity
26 Act.

1 (h) The Supreme Court shall have jurisdiction to adopt
2 rules for the implementation of this Section.

3 Section 11-35. The Uniform Act to Secure the Attendance of
4 Witnesses from Within or Without a State in Criminal
5 Proceedings is amended by changing Section 2 as follows:

6 (725 ILCS 220/2) (from Ch. 38, par. 156-2)
7 Sec. 2. Summoning witness in this state to testify in
8 another state.

9 If a judge of a court of record in any state which by its
10 laws has made provision for commanding persons within that
11 state to attend and testify in this state certifies under the
12 seal of such court that there is a criminal prosecution
13 pending in such court, or that a grand jury investigation has
14 commenced or is about to commence, that a person being within
15 this state is a material witness in such prosecution, or grand
16 jury investigation, and his presence will be required for a
17 specified number of days, upon presentation of such
18 certificate to any judge of a court in the county in which such
19 person is, such judge shall fix a time and place for a hearing,
20 and shall make an order directing the witness to appear at a
21 time and place certain for the hearing.

22 If at a hearing the judge determines that the witness is
23 material and necessary, that it will not cause undue hardship
24 to the witness to be compelled to attend and testify in the

1 prosecution or a grand jury investigation in the other state,
2 and that the laws of the state in which the prosecution is
3 pending, or grand jury investigation has commenced or is about
4 to commence (and of any other state through which the witness
5 may be required to pass by ordinary course of travel), will
6 give to him protection from arrest and the service of civil and
7 criminal process, he shall issue a summons, with a copy of the
8 certificate attached, directing the witness to attend and
9 testify in the court where the prosecution is pending, or
10 where a grand jury investigation has commenced or is about to
11 commence at a time and place specified in the summons. In any
12 such hearing the certificate shall be prima facie evidence of
13 all the facts stated therein.

14 If said certificate recommends that the witness be taken
15 into immediate custody and delivered to an officer of the
16 requesting state to assure his attendance in the requesting
17 state, such judge may, in lieu of notification of the hearing,
18 direct that such witness be forthwith brought before him for
19 said hearing; and the judge at the hearing being satisfied of
20 the desirability of such custody and delivery, for which
21 determination the certificate shall be prima facie proof of
22 such desirability may, in lieu of issuing subpoena or summons,
23 order that said witness be forthwith taken into custody and
24 delivered to an officer of the requesting state.

25 No subpoena, summons, or order shall be issued for a
26 witness to provide information or testimony in relation to any

1 proceeding if the charge is based on conduct that involves
2 lawful health care activity, as defined by the Lawful Health
3 Care Activity Act, that is not unlawful under the laws of this
4 State. This limitation does not apply for the purpose of
5 complying with obligations under Brady v. Maryland (373 U.S.
6 83) or Giglio v. United States (405 U.S. 150).

7 If the witness, who is summoned as above provided, after
8 being paid or tendered by some properly authorized person the
9 sum of 10 cents a mile for each mile by the ordinary travel
10 route to and from the court where the prosecution is pending
11 and five dollars for each day that he is required to travel and
12 attend as a witness, fails without good cause to attend and
13 testify as directed in the summons, he shall be punished in the
14 manner provided for the punishment of any witness who disobeys
15 a summons issued from a court in this state.

16 (Source: Laws 1967, p. 3804.)

17 Section 11-40. The Uniform Criminal Extradition Act is
18 amended by changing Section 6 as follows:

19 (725 ILCS 225/6) (from Ch. 60, par. 23)

20 Sec. 6. Extradition of persons not present in demanding
21 state at time of commission of crime.

22 The Governor of this State may also surrender, on demand
23 of the Executive Authority of any other state, any person in
24 this State charged in such other state in the manner provided

1 in Section 3 with committing an act in this State, or in a
2 third state, intentionally resulting in a crime in the state
3 whose Executive Authority is making the demand. However, the
4 Governor of this State shall not surrender such a person if the
5 charge is based on conduct that involves seeking, providing,
6 receiving, assisting in seeking, providing, or receiving,
7 providing material support for, or traveling to obtain lawful
8 health care, as defined by Section 11-10 of the Lawful Health
9 Care Activity Act, that is not unlawful under the laws of this
10 State, including a charge based on any theory of vicarious,
11 joint, several, or conspiracy liability.

12 (Source: Laws 1955, p. 1982.)

13 Article 13

14 Section 13-5. The Counties Code is amended by changing
15 Section 3-4006 as follows:

16 (55 ILCS 5/3-4006) (from Ch. 34, par. 3-4006)

17 Sec. 3-4006. Duties of public defender. The Public
18 Defender, as directed by the court, shall act as attorney,
19 without fee, before any court within any county for all
20 persons who are held in custody or who are charged with the
21 commission of any criminal offense, and who the court finds
22 are unable to employ counsel.

23 The Public Defender shall be the attorney, without fee,

1 when so appointed by the court under Section 1-20 of the
2 Juvenile Court Act or Section 1-5 of the Juvenile Court Act of
3 1987 ~~or by any court under Section 5(b) of the Parental Notice~~
4 ~~of Abortion Act of 1983~~ for any party who the court finds is
5 financially unable to employ counsel.

6 In cases subject to Section 5-170 of the Juvenile Court
7 Act of 1987 involving a minor who was under 15 years of age at
8 the time of the commission of the offense, that occurs in a
9 county with a full-time public defender office, a public
10 defender, without fee or appointment, may represent and have
11 access to a minor during a custodial interrogation. In cases
12 subject to Section 5-170 of the Juvenile Court Act of 1987
13 involving a minor who was under 15 years of age at the time of
14 the commission of the offense, that occurs in a county without
15 a full-time public defender, the law enforcement agency
16 conducting the custodial interrogation shall ensure that the
17 minor is able to consult with an attorney who is under contract
18 with the county to provide public defender services.
19 Representation by the public defender shall terminate at the
20 first court appearance if the court determines that the minor
21 is not indigent.

22 Every court shall, with the consent of the defendant and
23 where the court finds that the rights of the defendant would be
24 prejudiced by the appointment of the public defender, appoint
25 counsel other than the public defender, except as otherwise
26 provided in Section 113-3 of the "Code of Criminal Procedure

1 of 1963". That counsel shall be compensated as is provided by
2 law. He shall also, in the case of the conviction of any such
3 person, prosecute any proceeding in review which in his
4 judgment the interests of justice require.

5 In counties with a population over 3,000,000, the public
6 defender, without fee or appointment and with the concurrence
7 of the county board, may act as attorney to noncitizens in
8 immigration cases. Representation by the public defender in
9 immigration cases shall be limited to those arising in
10 immigration courts located within the geographical boundaries
11 of the county where the public defender has been appointed to
12 office unless the board authorizes the public defender to
13 provide representation outside the county.

14 (Source: P.A. 102-410, eff. 1-1-22.)

15 Section 13-10. The Medical Practice Act of 1987 is amended
16 by changing Sections 22 and 23 as follows:

17 (225 ILCS 60/22) (from Ch. 111, par. 4400-22)

18 (Section scheduled to be repealed on January 1, 2027)

19 Sec. 22. Disciplinary action.

20 (A) The Department may revoke, suspend, place on
21 probation, reprimand, refuse to issue or renew, or take any
22 other disciplinary or non-disciplinary action as the
23 Department may deem proper with regard to the license or
24 permit of any person issued under this Act, including imposing

1 fines not to exceed \$10,000 for each violation, upon any of the
2 following grounds:

3 (1) (Blank).

4 (2) (Blank).

5 (3) A plea of guilty or nolo contendere, finding of
6 guilt, jury verdict, or entry of judgment or sentencing,
7 including, but not limited to, convictions, preceding
8 sentences of supervision, conditional discharge, or first
9 offender probation, under the laws of any jurisdiction of
10 the United States of any crime that is a felony.

11 (4) Gross negligence in practice under this Act.

12 (5) Engaging in dishonorable, unethical, or
13 unprofessional conduct of a character likely to deceive,
14 defraud or harm the public.

15 (6) Obtaining any fee by fraud, deceit, or
16 misrepresentation.

17 (7) Habitual or excessive use or abuse of drugs
18 defined in law as controlled substances, of alcohol, or of
19 any other substances which results in the inability to
20 practice with reasonable judgment, skill, or safety.

21 (8) Practicing under a false or, except as provided by
22 law, an assumed name.

23 (9) Fraud or misrepresentation in applying for, or
24 procuring, a license under this Act or in connection with
25 applying for renewal of a license under this Act.

26 (10) Making a false or misleading statement regarding

1 their skill or the efficacy or value of the medicine,
2 treatment, or remedy prescribed by them at their direction
3 in the treatment of any disease or other condition of the
4 body or mind.

5 (11) Allowing another person or organization to use
6 their license, procured under this Act, to practice.

7 (12) Adverse action taken by another state or
8 jurisdiction against a license or other authorization to
9 practice as a medical doctor, doctor of osteopathy, doctor
10 of osteopathic medicine or doctor of chiropractic, a
11 certified copy of the record of the action taken by the
12 other state or jurisdiction being prima facie evidence
13 thereof. This includes any adverse action taken by a State
14 or federal agency that prohibits a medical doctor, doctor
15 of osteopathy, doctor of osteopathic medicine, or doctor
16 of chiropractic from providing services to the agency's
17 participants.

18 (13) Violation of any provision of this Act or of the
19 Medical Practice Act prior to the repeal of that Act, or
20 violation of the rules, or a final administrative action
21 of the Secretary, after consideration of the
22 recommendation of the Medical Board.

23 (14) Violation of the prohibition against fee
24 splitting in Section 22.2 of this Act.

25 (15) A finding by the Medical Board that the
26 registrant after having his or her license placed on

1 probationary status or subjected to conditions or
2 restrictions violated the terms of the probation or failed
3 to comply with such terms or conditions.

4 (16) Abandonment of a patient.

5 (17) Prescribing, selling, administering,
6 distributing, giving, or self-administering any drug
7 classified as a controlled substance (designated product)
8 or narcotic for other than medically accepted therapeutic
9 purposes.

10 (18) Promotion of the sale of drugs, devices,
11 appliances, or goods provided for a patient in such manner
12 as to exploit the patient for financial gain of the
13 physician.

14 (19) Offering, undertaking, or agreeing to cure or
15 treat disease by a secret method, procedure, treatment, or
16 medicine, or the treating, operating, or prescribing for
17 any human condition by a method, means, or procedure which
18 the licensee refuses to divulge upon demand of the
19 Department.

20 (20) Immoral conduct in the commission of any act
21 including, but not limited to, commission of an act of
22 sexual misconduct related to the licensee's practice.

23 (21) Willfully making or filing false records or
24 reports in his or her practice as a physician, including,
25 but not limited to, false records to support claims
26 against the medical assistance program of the Department

1 of Healthcare and Family Services (formerly Department of
2 Public Aid) under the Illinois Public Aid Code.

3 (22) Willful omission to file or record, or willfully
4 impeding the filing or recording, or inducing another
5 person to omit to file or record, medical reports as
6 required by law, or willfully failing to report an
7 instance of suspected abuse or neglect as required by law.

8 (23) Being named as a perpetrator in an indicated
9 report by the Department of Children and Family Services
10 under the Abused and Neglected Child Reporting Act, and
11 upon proof by clear and convincing evidence that the
12 licensee has caused a child to be an abused child or
13 neglected child as defined in the Abused and Neglected
14 Child Reporting Act.

15 (24) Solicitation of professional patronage by any
16 corporation, agents or persons, or profiting from those
17 representing themselves to be agents of the licensee.

18 (25) Gross and willful and continued overcharging for
19 professional services, including filing false statements
20 for collection of fees for which services are not
21 rendered, including, but not limited to, filing such false
22 statements for collection of monies for services not
23 rendered from the medical assistance program of the
24 Department of Healthcare and Family Services (formerly
25 Department of Public Aid) under the Illinois Public Aid
26 Code.

1 (26) A pattern of practice or other behavior which
2 demonstrates incapacity or incompetence to practice under
3 this Act.

4 (27) Mental illness or disability which results in the
5 inability to practice under this Act with reasonable
6 judgment, skill, or safety.

7 (28) Physical illness, including, but not limited to,
8 deterioration through the aging process, or loss of motor
9 skill which results in a physician's inability to practice
10 under this Act with reasonable judgment, skill, or safety.

11 (29) Cheating on or attempting to subvert the
12 licensing examinations administered under this Act.

13 (30) Willfully or negligently violating the
14 confidentiality between physician and patient except as
15 required by law.

16 (31) The use of any false, fraudulent, or deceptive
17 statement in any document connected with practice under
18 this Act.

19 (32) Aiding and abetting an individual not licensed
20 under this Act in the practice of a profession licensed
21 under this Act.

22 (33) Violating state or federal laws or regulations
23 relating to controlled substances, legend drugs, or
24 ephedra as defined in the Ephedra Prohibition Act.

25 (34) Failure to report to the Department any adverse
26 final action taken against them by another licensing

1 jurisdiction (any other state or any territory of the
2 United States or any foreign state or country), by any
3 peer review body, by any health care institution, by any
4 professional society or association related to practice
5 under this Act, by any governmental agency, by any law
6 enforcement agency, or by any court for acts or conduct
7 similar to acts or conduct which would constitute grounds
8 for action as defined in this Section.

9 (35) Failure to report to the Department surrender of
10 a license or authorization to practice as a medical
11 doctor, a doctor of osteopathy, a doctor of osteopathic
12 medicine, or doctor of chiropractic in another state or
13 jurisdiction, or surrender of membership on any medical
14 staff or in any medical or professional association or
15 society, while under disciplinary investigation by any of
16 those authorities or bodies, for acts or conduct similar
17 to acts or conduct which would constitute grounds for
18 action as defined in this Section.

19 (36) Failure to report to the Department any adverse
20 judgment, settlement, or award arising from a liability
21 claim related to acts or conduct similar to acts or
22 conduct which would constitute grounds for action as
23 defined in this Section.

24 (37) Failure to provide copies of medical records as
25 required by law.

26 (38) Failure to furnish the Department, its

1 investigators or representatives, relevant information,
2 legally requested by the Department after consultation
3 with the Chief Medical Coordinator or the Deputy Medical
4 Coordinator.

5 (39) Violating the Health Care Worker Self-Referral
6 Act.

7 (40) (Blank). ~~Willful failure to provide notice when~~
8 ~~notice is required under the Parental Notice of Abortion~~
9 ~~Act of 1995.~~

10 (41) Failure to establish and maintain records of
11 patient care and treatment as required by this law.

12 (42) Entering into an excessive number of written
13 collaborative agreements with licensed advanced practice
14 registered nurses resulting in an inability to adequately
15 collaborate.

16 (43) Repeated failure to adequately collaborate with a
17 licensed advanced practice registered nurse.

18 (44) Violating the Compassionate Use of Medical
19 Cannabis Program Act.

20 (45) Entering into an excessive number of written
21 collaborative agreements with licensed prescribing
22 psychologists resulting in an inability to adequately
23 collaborate.

24 (46) Repeated failure to adequately collaborate with a
25 licensed prescribing psychologist.

26 (47) Willfully failing to report an instance of

1 suspected abuse, neglect, financial exploitation, or
2 self-neglect of an eligible adult as defined in and
3 required by the Adult Protective Services Act.

4 (48) Being named as an abuser in a verified report by
5 the Department on Aging under the Adult Protective
6 Services Act, and upon proof by clear and convincing
7 evidence that the licensee abused, neglected, or
8 financially exploited an eligible adult as defined in the
9 Adult Protective Services Act.

10 (49) Entering into an excessive number of written
11 collaborative agreements with licensed physician
12 assistants resulting in an inability to adequately
13 collaborate.

14 (50) Repeated failure to adequately collaborate with a
15 physician assistant.

16 Except for actions involving the ground numbered (26), all
17 proceedings to suspend, revoke, place on probationary status,
18 or take any other disciplinary action as the Department may
19 deem proper, with regard to a license on any of the foregoing
20 grounds, must be commenced within 5 years next after receipt
21 by the Department of a complaint alleging the commission of or
22 notice of the conviction order for any of the acts described
23 herein. Except for the grounds numbered (8), (9), (26), and
24 (29), no action shall be commenced more than 10 years after the
25 date of the incident or act alleged to have violated this
26 Section. For actions involving the ground numbered (26), a

1 pattern of practice or other behavior includes all incidents
2 alleged to be part of the pattern of practice or other behavior
3 that occurred, or a report pursuant to Section 23 of this Act
4 received, within the 10-year period preceding the filing of
5 the complaint. In the event of the settlement of any claim or
6 cause of action in favor of the claimant or the reduction to
7 final judgment of any civil action in favor of the plaintiff,
8 such claim, cause of action, or civil action being grounded on
9 the allegation that a person licensed under this Act was
10 negligent in providing care, the Department shall have an
11 additional period of 2 years from the date of notification to
12 the Department under Section 23 of this Act of such settlement
13 or final judgment in which to investigate and commence formal
14 disciplinary proceedings under Section 36 of this Act, except
15 as otherwise provided by law. The time during which the holder
16 of the license was outside the State of Illinois shall not be
17 included within any period of time limiting the commencement
18 of disciplinary action by the Department.

19 The entry of an order or judgment by any circuit court
20 establishing that any person holding a license under this Act
21 is a person in need of mental treatment operates as a
22 suspension of that license. That person may resume his or her
23 practice only upon the entry of a Departmental order based
24 upon a finding by the Medical Board that the person has been
25 determined to be recovered from mental illness by the court
26 and upon the Medical Board's recommendation that the person be

1 permitted to resume his or her practice.

2 The Department may refuse to issue or take disciplinary
3 action concerning the license of any person who fails to file a
4 return, or to pay the tax, penalty, or interest shown in a
5 filed return, or to pay any final assessment of tax, penalty,
6 or interest, as required by any tax Act administered by the
7 Illinois Department of Revenue, until such time as the
8 requirements of any such tax Act are satisfied as determined
9 by the Illinois Department of Revenue.

10 The Department, upon the recommendation of the Medical
11 Board, shall adopt rules which set forth standards to be used
12 in determining:

13 (a) when a person will be deemed sufficiently
14 rehabilitated to warrant the public trust;

15 (b) what constitutes dishonorable, unethical, or
16 unprofessional conduct of a character likely to deceive,
17 defraud, or harm the public;

18 (c) what constitutes immoral conduct in the commission
19 of any act, including, but not limited to, commission of
20 an act of sexual misconduct related to the licensee's
21 practice; and

22 (d) what constitutes gross negligence in the practice
23 of medicine.

24 However, no such rule shall be admissible into evidence in
25 any civil action except for review of a licensing or other
26 disciplinary action under this Act.

1 In enforcing this Section, the Medical Board, upon a
2 showing of a possible violation, may compel any individual who
3 is licensed to practice under this Act or holds a permit to
4 practice under this Act, or any individual who has applied for
5 licensure or a permit pursuant to this Act, to submit to a
6 mental or physical examination and evaluation, or both, which
7 may include a substance abuse or sexual offender evaluation,
8 as required by the Medical Board and at the expense of the
9 Department. The Medical Board shall specifically designate the
10 examining physician licensed to practice medicine in all of
11 its branches or, if applicable, the multidisciplinary team
12 involved in providing the mental or physical examination and
13 evaluation, or both. The multidisciplinary team shall be led
14 by a physician licensed to practice medicine in all of its
15 branches and may consist of one or more or a combination of
16 physicians licensed to practice medicine in all of its
17 branches, licensed chiropractic physicians, licensed clinical
18 psychologists, licensed clinical social workers, licensed
19 clinical professional counselors, and other professional and
20 administrative staff. Any examining physician or member of the
21 multidisciplinary team may require any person ordered to
22 submit to an examination and evaluation pursuant to this
23 Section to submit to any additional supplemental testing
24 deemed necessary to complete any examination or evaluation
25 process, including, but not limited to, blood testing,
26 urinalysis, psychological testing, or neuropsychological

1 testing. The Medical Board or the Department may order the
2 examining physician or any member of the multidisciplinary
3 team to provide to the Department or the Medical Board any and
4 all records, including business records, that relate to the
5 examination and evaluation, including any supplemental testing
6 performed. The Medical Board or the Department may order the
7 examining physician or any member of the multidisciplinary
8 team to present testimony concerning this examination and
9 evaluation of the licensee, permit holder, or applicant,
10 including testimony concerning any supplemental testing or
11 documents relating to the examination and evaluation. No
12 information, report, record, or other documents in any way
13 related to the examination and evaluation shall be excluded by
14 reason of any common law or statutory privilege relating to
15 communication between the licensee, permit holder, or
16 applicant and the examining physician or any member of the
17 multidisciplinary team. No authorization is necessary from the
18 licensee, permit holder, or applicant ordered to undergo an
19 evaluation and examination for the examining physician or any
20 member of the multidisciplinary team to provide information,
21 reports, records, or other documents or to provide any
22 testimony regarding the examination and evaluation. The
23 individual to be examined may have, at his or her own expense,
24 another physician of his or her choice present during all
25 aspects of the examination. Failure of any individual to
26 submit to mental or physical examination and evaluation, or

1 both, when directed, shall result in an automatic suspension,
2 without hearing, until such time as the individual submits to
3 the examination. If the Medical Board finds a physician unable
4 to practice following an examination and evaluation because of
5 the reasons set forth in this Section, the Medical Board shall
6 require such physician to submit to care, counseling, or
7 treatment by physicians, or other health care professionals,
8 approved or designated by the Medical Board, as a condition
9 for issued, continued, reinstated, or renewed licensure to
10 practice. Any physician, whose license was granted pursuant to
11 Sections 9, 17, or 19 of this Act, or, continued, reinstated,
12 renewed, disciplined or supervised, subject to such terms,
13 conditions, or restrictions who shall fail to comply with such
14 terms, conditions, or restrictions, or to complete a required
15 program of care, counseling, or treatment, as determined by
16 the Chief Medical Coordinator or Deputy Medical Coordinators,
17 shall be referred to the Secretary for a determination as to
18 whether the licensee shall have his or her license suspended
19 immediately, pending a hearing by the Medical Board. In
20 instances in which the Secretary immediately suspends a
21 license under this Section, a hearing upon such person's
22 license must be convened by the Medical Board within 15 days
23 after such suspension and completed without appreciable delay.
24 The Medical Board shall have the authority to review the
25 subject physician's record of treatment and counseling
26 regarding the impairment, to the extent permitted by

1 applicable federal statutes and regulations safeguarding the
2 confidentiality of medical records.

3 An individual licensed under this Act, affected under this
4 Section, shall be afforded an opportunity to demonstrate to
5 the Medical Board that he or she can resume practice in
6 compliance with acceptable and prevailing standards under the
7 provisions of his or her license.

8 The Department may promulgate rules for the imposition of
9 fines in disciplinary cases, not to exceed \$10,000 for each
10 violation of this Act. Fines may be imposed in conjunction
11 with other forms of disciplinary action, but shall not be the
12 exclusive disposition of any disciplinary action arising out
13 of conduct resulting in death or injury to a patient. Any funds
14 collected from such fines shall be deposited in the Illinois
15 State Medical Disciplinary Fund.

16 All fines imposed under this Section shall be paid within
17 60 days after the effective date of the order imposing the fine
18 or in accordance with the terms set forth in the order imposing
19 the fine.

20 (B) The Department shall revoke the license or permit
21 issued under this Act to practice medicine or a chiropractic
22 physician who has been convicted a second time of committing
23 any felony under the Illinois Controlled Substances Act or the
24 Methamphetamine Control and Community Protection Act, or who
25 has been convicted a second time of committing a Class 1 felony
26 under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A

1 person whose license or permit is revoked under this
2 subsection B shall be prohibited from practicing medicine or
3 treating human ailments without the use of drugs and without
4 operative surgery.

5 (C) The Department shall not revoke, suspend, place on
6 probation, reprimand, refuse to issue or renew, or take any
7 other disciplinary or non-disciplinary action against the
8 license or permit issued under this Act to practice medicine
9 to a physician:

10 (1) based solely upon the recommendation of the
11 physician to an eligible patient regarding, or
12 prescription for, or treatment with, an investigational
13 drug, biological product, or device; or

14 (2) for experimental treatment for Lyme disease or
15 other tick-borne diseases, including, but not limited to,
16 the prescription of or treatment with long-term
17 antibiotics.

18 (D) (Blank). ~~The Medical Board shall recommend to the~~
19 ~~Department civil penalties and any other appropriate~~
20 ~~discipline in disciplinary cases when the Medical Board finds~~
21 ~~that a physician willfully performed an abortion with actual~~
22 ~~knowledge that the person upon whom the abortion has been~~
23 ~~performed is a minor or an incompetent person without notice~~
24 ~~as required under the Parental Notice of Abortion Act of 1995.~~
25 ~~Upon the Medical Board's recommendation, the Department shall~~
26 ~~impose, for the first violation, a civil penalty of \$1,000 and~~

1 ~~for a second or subsequent violation, a civil penalty of~~
2 ~~\$5,000.~~

3 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
4 101-363, eff. 8-9-19; 102-20, eff. 1-1-22; 102-558, eff.
5 8-20-21; 102-813, eff. 5-13-22.)

6 (225 ILCS 60/23) (from Ch. 111, par. 4400-23)

7 (Section scheduled to be repealed on January 1, 2027)

8 Sec. 23. Reports relating to professional conduct and
9 capacity.

10 (A) Entities required to report.

11 (1) Health care institutions. The chief administrator
12 or executive officer of any health care institution
13 licensed by the Illinois Department of Public Health shall
14 report to the Medical Board when any person's clinical
15 privileges are terminated or are restricted based on a
16 final determination made in accordance with that
17 institution's by-laws or rules and regulations that a
18 person has either committed an act or acts which may
19 directly threaten patient care or that a person may have a
20 mental or physical disability that may endanger patients
21 under that person's care. Such officer also shall report
22 if a person accepts voluntary termination or restriction
23 of clinical privileges in lieu of formal action based upon
24 conduct related directly to patient care or in lieu of
25 formal action seeking to determine whether a person may

1 have a mental or physical disability that may endanger
2 patients under that person's care. The Medical Board
3 shall, by rule, provide for the reporting to it by health
4 care institutions of all instances in which a person,
5 licensed under this Act, who is impaired by reason of age,
6 drug or alcohol abuse or physical or mental impairment, is
7 under supervision and, where appropriate, is in a program
8 of rehabilitation. Such reports shall be strictly
9 confidential and may be reviewed and considered only by
10 the members of the Medical Board, or by authorized staff
11 as provided by rules of the Medical Board. Provisions
12 shall be made for the periodic report of the status of any
13 such person not less than twice annually in order that the
14 Medical Board shall have current information upon which to
15 determine the status of any such person. Such initial and
16 periodic reports of impaired physicians shall not be
17 considered records within the meaning of the State Records
18 Act and shall be disposed of, following a determination by
19 the Medical Board that such reports are no longer
20 required, in a manner and at such time as the Medical Board
21 shall determine by rule. The filing of such reports shall
22 be construed as the filing of a report for purposes of
23 subsection (C) of this Section.

24 (1.5) Clinical training programs. The program director
25 of any post-graduate clinical training program shall
26 report to the Medical Board if a person engaged in a

1 post-graduate clinical training program at the
2 institution, including, but not limited to, a residency or
3 fellowship, separates from the program for any reason
4 prior to its conclusion. The program director shall
5 provide all documentation relating to the separation if,
6 after review of the report, the Medical Board determines
7 that a review of those documents is necessary to determine
8 whether a violation of this Act occurred.

9 (2) Professional associations. The President or chief
10 executive officer of any association or society, of
11 persons licensed under this Act, operating within this
12 State shall report to the Medical Board when the
13 association or society renders a final determination that
14 a person has committed unprofessional conduct related
15 directly to patient care or that a person may have a mental
16 or physical disability that may endanger patients under
17 that person's care.

18 (3) Professional liability insurers. Every insurance
19 company which offers policies of professional liability
20 insurance to persons licensed under this Act, or any other
21 entity which seeks to indemnify the professional liability
22 of a person licensed under this Act, shall report to the
23 Medical Board the settlement of any claim or cause of
24 action, or final judgment rendered in any cause of action,
25 which alleged negligence in the furnishing of medical care
26 by such licensed person when such settlement or final

1 judgment is in favor of the plaintiff.

2 (4) State's Attorneys. The State's Attorney of each
3 county shall report to the Medical Board, within 5 days,
4 any instances in which a person licensed under this Act is
5 convicted of any felony or Class A misdemeanor. ~~The~~
6 ~~State's Attorney of each county may report to the Medical~~
7 ~~Board through a verified complaint any instance in which~~
8 ~~the State's Attorney believes that a physician has~~
9 ~~willfully violated the notice requirements of the Parental~~
10 ~~Notice of Abortion Act of 1995.~~

11 (5) State agencies. All agencies, boards, commissions,
12 departments, or other instrumentalities of the government
13 of the State of Illinois shall report to the Medical Board
14 any instance arising in connection with the operations of
15 such agency, including the administration of any law by
16 such agency, in which a person licensed under this Act has
17 either committed an act or acts which may be a violation of
18 this Act or which may constitute unprofessional conduct
19 related directly to patient care or which indicates that a
20 person licensed under this Act may have a mental or
21 physical disability that may endanger patients under that
22 person's care.

23 (B) Mandatory reporting. All reports required by items
24 (34), (35), and (36) of subsection (A) of Section 22 and by
25 Section 23 shall be submitted to the Medical Board in a timely
26 fashion. Unless otherwise provided in this Section, the

1 reports shall be filed in writing within 60 days after a
2 determination that a report is required under this Act. All
3 reports shall contain the following information:

4 (1) The name, address and telephone number of the
5 person making the report.

6 (2) The name, address and telephone number of the
7 person who is the subject of the report.

8 (3) The name and date of birth of any patient or
9 patients whose treatment is a subject of the report, if
10 available, or other means of identification if such
11 information is not available, identification of the
12 hospital or other healthcare facility where the care at
13 issue in the report was rendered, provided, however, no
14 medical records may be revealed.

15 (4) A brief description of the facts which gave rise
16 to the issuance of the report, including the dates of any
17 occurrences deemed to necessitate the filing of the
18 report.

19 (5) If court action is involved, the identity of the
20 court in which the action is filed, along with the docket
21 number and date of filing of the action.

22 (6) Any further pertinent information which the
23 reporting party deems to be an aid in the evaluation of the
24 report.

25 The Medical Board or Department may also exercise the
26 power under Section 38 of this Act to subpoena copies of

1 hospital or medical records in mandatory report cases alleging
2 death or permanent bodily injury. Appropriate rules shall be
3 adopted by the Department with the approval of the Medical
4 Board.

5 When the Department has received written reports
6 concerning incidents required to be reported in items (34),
7 (35), and (36) of subsection (A) of Section 22, the licensee's
8 failure to report the incident to the Department under those
9 items shall not be the sole grounds for disciplinary action.

10 Nothing contained in this Section shall act to, in any
11 way, waive or modify the confidentiality of medical reports
12 and committee reports to the extent provided by law. Any
13 information reported or disclosed shall be kept for the
14 confidential use of the Medical Board, the Medical
15 Coordinators, the Medical Board's attorneys, the medical
16 investigative staff, and authorized clerical staff, as
17 provided in this Act, and shall be afforded the same status as
18 is provided information concerning medical studies in Part 21
19 of Article VIII of the Code of Civil Procedure, except that the
20 Department may disclose information and documents to a
21 federal, State, or local law enforcement agency pursuant to a
22 subpoena in an ongoing criminal investigation or to a health
23 care licensing body or medical licensing authority of this
24 State or another state or jurisdiction pursuant to an official
25 request made by that licensing body or medical licensing
26 authority. Furthermore, information and documents disclosed to

1 a federal, State, or local law enforcement agency may be used
2 by that agency only for the investigation and prosecution of a
3 criminal offense, or, in the case of disclosure to a health
4 care licensing body or medical licensing authority, only for
5 investigations and disciplinary action proceedings with regard
6 to a license. Information and documents disclosed to the
7 Department of Public Health may be used by that Department
8 only for investigation and disciplinary action regarding the
9 license of a health care institution licensed by the
10 Department of Public Health.

11 (C) Immunity from prosecution. Any individual or
12 organization acting in good faith, and not in a wilful and
13 wanton manner, in complying with this Act by providing any
14 report or other information to the Medical Board or a peer
15 review committee, or assisting in the investigation or
16 preparation of such information, or by voluntarily reporting
17 to the Medical Board or a peer review committee information
18 regarding alleged errors or negligence by a person licensed
19 under this Act, or by participating in proceedings of the
20 Medical Board or a peer review committee, or by serving as a
21 member of the Medical Board or a peer review committee, shall
22 not, as a result of such actions, be subject to criminal
23 prosecution or civil damages.

24 (D) Indemnification. Members of the Medical Board, the
25 Medical Coordinators, the Medical Board's attorneys, the
26 medical investigative staff, physicians retained under

1 contract to assist and advise the medical coordinators in the
2 investigation, and authorized clerical staff shall be
3 indemnified by the State for any actions occurring within the
4 scope of services on the Medical Board, done in good faith and
5 not wilful and wanton in nature. The Attorney General shall
6 defend all such actions unless he or she determines either
7 that there would be a conflict of interest in such
8 representation or that the actions complained of were not in
9 good faith or were wilful and wanton.

10 Should the Attorney General decline representation, the
11 member shall have the right to employ counsel of his or her
12 choice, whose fees shall be provided by the State, after
13 approval by the Attorney General, unless there is a
14 determination by a court that the member's actions were not in
15 good faith or were wilful and wanton.

16 The member must notify the Attorney General within 7 days
17 of receipt of notice of the initiation of any action involving
18 services of the Medical Board. Failure to so notify the
19 Attorney General shall constitute an absolute waiver of the
20 right to a defense and indemnification.

21 The Attorney General shall determine within 7 days after
22 receiving such notice, whether he or she will undertake to
23 represent the member.

24 (E) Deliberations of Medical Board. Upon the receipt of
25 any report called for by this Act, other than those reports of
26 impaired persons licensed under this Act required pursuant to

1 the rules of the Medical Board, the Medical Board shall notify
2 in writing, by mail or email, the person who is the subject of
3 the report. Such notification shall be made within 30 days of
4 receipt by the Medical Board of the report.

5 The notification shall include a written notice setting
6 forth the person's right to examine the report. Included in
7 such notification shall be the address at which the file is
8 maintained, the name of the custodian of the reports, and the
9 telephone number at which the custodian may be reached. The
10 person who is the subject of the report shall submit a written
11 statement responding, clarifying, adding to, or proposing the
12 amending of the report previously filed. The person who is the
13 subject of the report shall also submit with the written
14 statement any medical records related to the report. The
15 statement and accompanying medical records shall become a
16 permanent part of the file and must be received by the Medical
17 Board no more than 30 days after the date on which the person
18 was notified by the Medical Board of the existence of the
19 original report.

20 The Medical Board shall review all reports received by it,
21 together with any supporting information and responding
22 statements submitted by persons who are the subject of
23 reports. The review by the Medical Board shall be in a timely
24 manner but in no event, shall the Medical Board's initial
25 review of the material contained in each disciplinary file be
26 less than 61 days nor more than 180 days after the receipt of

1 the initial report by the Medical Board.

2 When the Medical Board makes its initial review of the
3 materials contained within its disciplinary files, the Medical
4 Board shall, in writing, make a determination as to whether
5 there are sufficient facts to warrant further investigation or
6 action. Failure to make such determination within the time
7 provided shall be deemed to be a determination that there are
8 not sufficient facts to warrant further investigation or
9 action.

10 Should the Medical Board find that there are not
11 sufficient facts to warrant further investigation, or action,
12 the report shall be accepted for filing and the matter shall be
13 deemed closed and so reported to the Secretary. The Secretary
14 shall then have 30 days to accept the Medical Board's decision
15 or request further investigation. The Secretary shall inform
16 the Medical Board of the decision to request further
17 investigation, including the specific reasons for the
18 decision. The individual or entity filing the original report
19 or complaint and the person who is the subject of the report or
20 complaint shall be notified in writing by the Secretary of any
21 final action on their report or complaint. The Department
22 shall disclose to the individual or entity who filed the
23 original report or complaint, on request, the status of the
24 Medical Board's review of a specific report or complaint. Such
25 request may be made at any time, including prior to the Medical
26 Board's determination as to whether there are sufficient facts

1 to warrant further investigation or action.

2 (F) Summary reports. The Medical Board shall prepare, on a
3 timely basis, but in no event less than once every other month,
4 a summary report of final disciplinary actions taken upon
5 disciplinary files maintained by the Medical Board. The
6 summary reports shall be made available to the public upon
7 request and payment of the fees set by the Department. This
8 publication may be made available to the public on the
9 Department's website. Information or documentation relating to
10 any disciplinary file that is closed without disciplinary
11 action taken shall not be disclosed and shall be afforded the
12 same status as is provided by Part 21 of Article VIII of the
13 Code of Civil Procedure.

14 (G) Any violation of this Section shall be a Class A
15 misdemeanor.

16 (H) If any such person violates the provisions of this
17 Section an action may be brought in the name of the People of
18 the State of Illinois, through the Attorney General of the
19 State of Illinois, for an order enjoining such violation or
20 for an order enforcing compliance with this Section. Upon
21 filing of a verified petition in such court, the court may
22 issue a temporary restraining order without notice or bond and
23 may preliminarily or permanently enjoin such violation, and if
24 it is established that such person has violated or is
25 violating the injunction, the court may punish the offender
26 for contempt of court. Proceedings under this paragraph shall

1 be in addition to, and not in lieu of, all other remedies and
2 penalties provided for by this Section.

3 (Source: P.A. 102-20, eff. 1-1-22; 102-687, eff. 12-17-21.)

4 Section 13-15. The Consent by Minors to Health Care
5 Services Act is amended by changing Section 1.5 as follows:

6 (410 ILCS 210/1.5)

7 Sec. 1.5. Consent by minor seeking care for limited
8 primary care services.

9 (a) The consent to the performance of primary care
10 services by a physician licensed to practice medicine in all
11 its branches, a licensed advanced practice registered nurse, a
12 licensed physician assistant, a chiropractic physician, or a
13 licensed optometrist executed by a minor seeking care is not
14 voidable because of such minority, and for such purpose, a
15 minor seeking care is deemed to have the same legal capacity to
16 act and has the same powers and obligations as has a person of
17 legal age under the following circumstances:

18 (1) the health care professional reasonably believes
19 that the minor seeking care understands the benefits and
20 risks of any proposed primary care or services; and

21 (2) the minor seeking care is identified in writing as
22 a minor seeking care by:

23 (A) an adult relative;

24 (B) a representative of a homeless service agency

1 that receives federal, State, county, or municipal
2 funding to provide those services or that is otherwise
3 sanctioned by a local continuum of care;

4 (C) an attorney licensed to practice law in this
5 State;

6 (D) a public school homeless liaison or school
7 social worker;

8 (E) a social service agency providing services to
9 at risk, homeless, or runaway youth; or

10 (F) a representative of a religious organization.

11 (b) A health care professional rendering primary care
12 services under this Section shall not incur civil or criminal
13 liability for failure to obtain valid consent or professional
14 discipline for failure to obtain valid consent if he or she
15 relied in good faith on the representations made by the minor
16 or the information provided under paragraph (2) of subsection
17 (a) of this Section. Under such circumstances, good faith
18 shall be presumed.

19 (c) The confidential nature of any communication between a
20 health care professional described in Section 1 of this Act
21 and a minor seeking care is not waived (1) by the presence, at
22 the time of communication, of any additional persons present
23 at the request of the minor seeking care, (2) by the health
24 care professional's disclosure of confidential information to
25 the additional person with the consent of the minor seeking
26 care, when reasonably necessary to accomplish the purpose for

1 which the additional person is consulted, or (3) by the health
2 care professional billing a health benefit insurance or plan
3 under which the minor seeking care is insured, is enrolled, or
4 has coverage for the services provided.

5 (d) Nothing in this Section shall be construed to limit or
6 expand a minor's existing powers and obligations under any
7 federal, State, or local law. ~~Nothing in this Section shall be~~
8 ~~construed to affect the Parental Notice of Abortion Act of~~
9 ~~1995.~~ Nothing in this Section affects the right or authority
10 of a parent or legal guardian to verbally, in writing, or
11 otherwise authorize health care services to be provided for a
12 minor in their absence.

13 (e) For the purposes of this Section:

14 "Minor seeking care" means a person at least 14 years of
15 age but less than 18 years of age who is living separate and
16 apart from his or her parents or legal guardian, whether with
17 or without the consent of a parent or legal guardian who is
18 unable or unwilling to return to the residence of a parent, and
19 managing his or her own personal affairs. "Minor seeking care"
20 does not include minors who are under the protective custody,
21 temporary custody, or guardianship of the Department of
22 Children and Family Services.

23 "Primary care services" means health care services that
24 include screening, counseling, immunizations, medication, and
25 treatment of illness and conditions customarily provided by
26 licensed health care professionals in an out-patient setting,

1 eye care services, excluding advanced optometric procedures,
2 provided by optometrists, and services provided by
3 chiropractic physicians according to the scope of practice of
4 chiropractic physicians under the Medical Practice Act of
5 1987. "Primary care services" does not include invasive care,
6 beyond standard injections, laceration care, or non-surgical
7 fracture care.

8 (Source: P.A. 99-173, eff. 7-29-15; 100-378, eff. 1-1-18;
9 100-513, eff. 1-1-18; 100-863, eff. 8-14-18.)

11 Section 99-95. No acceleration or delay. Where this Act
12 makes changes in a statute that is represented in this Act by
13 text that is not yet or no longer in effect (for example, a
14 Section represented by multiple versions), the use of that
15 text does not accelerate or delay the taking effect of (i) the
16 changes made by this Act or (ii) provisions derived from any
17 other Public Act.

18 Section 99-99. Effective date. This Act takes effect upon
19 becoming law.".